MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6829

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Rockville Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville R.D #4
STREET ADDRESS (If rural give location) RD #4 Halpine P.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Adams-
4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Color d
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 5, 1862
9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Riley Adams
14. MOTHER'S MAIDEN NAME: Henrietta — ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mary Adams, Daughter —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	30 days
Antecedent cause(s)	(b) Hypertensive Heart disease	40 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

443X
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1950, to 8/1, 1950, that I last saw the deceased alive on 8/1, 1950, and that death occurred at 9.00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William Webb M.D. | Rockville, Md | 8/1/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 8-4-50 | NAME OF CEMETERY OR CREMATORY Lincoln Park | LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 8/4/50 | REGISTRAR'S SIGNATURE Peggy U. Veazey | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville Md

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18280

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville | LENGTH OF STAY (in this place) 13 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville md.
STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Virginia	anna	Allen	August	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	widow	may 5, 1866	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work	in home	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Ruby	Sarah Kerlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no			Geo W. allen, Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Acute Congestive Heart Failure	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 934	(b) Arteriosclerotic Heart Disease	10 years
	(c) Arteriosclerosis	30 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov, 1939, to 13 Aug, 1950, that I last saw the deceased alive on 13 Aug, 1950, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
W S Murphy	M D	Rockville Md	13 Aug 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	June 13, 1950	Hawkins-Town Cemetery	Mt Jackson	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/22/50	Peggy A. Veazey	Dellinger & Son	Mt. Jackson Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1950
MONTGOMERY COUNTY
HEALTH DEPT.

RECEIVED
AUG 24 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08281

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 127 Willow Avenue

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) Ellsworth (Last) Andross

4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-8-1868
9. AGE last birthday 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister
10b. KIND OF BUSINESS OR INDUSTRY Seventh-day Adv.
11. BIRTHPLACE (State or foreign country) Ottowa Minn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Henry Andross
14. MOTHER'S MAIDEN NAME Sephrona Winegar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
332x Immediate cause	(a) Arteriosclerosis General Cerebral i	yrs
Antecedent cause(s)	cerebrovascular thrombosis	12 weeks
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4 years, 19__, to Aug 22, 1950, that I last saw the deceased alive on 8/21, 1950, and that death occurred at 7:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] H. Wolohan MD 500 Underwood St NW Wash. D.C. 8/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 26, 1950
NAME OF CEMETERY OR CREMATORY George Wash. Mem. Cem.
LOCATION (City, town, or county) (State) Riggs Road, Hyattsville, Md.

DATE REC'D BY LOCAL REG. 8/22/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St NW
V0894 Takoma Park, D.C.

RECEIVED
AUG 28 1950
BUREAU

08282

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md~~ ~~COUNTY~~ DC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 621 4th St N. W.

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) (Last) Angelopaulos

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2-10-1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY restaurant
11. BIRTHPLACE (State or foreign country) Greece
12. CITIZEN OF WHAT COUNTRY? Greece

13. FATHER'S NAME Basilios Angelopaulos
14. MOTHER'S MAIDEN NAME Polyderas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 099-03-8213
17. INFORMANT Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	1/2 hr
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-22-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/23/50 NAME OF CEMETERY OR CREMATORY Glenwood. LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 8/22/50 REGISTRAR'S SIGNATURE J. H. Wm Dodd
24. FUNERAL DIRECTOR P.J. SAFFELL ADDRESS 475 H St NW Washington, D.C.

72071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118283

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 340 - N. Carolina Ave N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lynda	May	Baker	Aug	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	July 22 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Va	U.S.

13. FATHER'S NAME Henry Robinson | 14. MOTHER'S MAIDEN NAME Mary H Yost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Hazel Sexton (Friend)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis acute	13 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	10 years +
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	10 years?

420.1 61 260+

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August 11, 1950, to Aug 25, 1950, that I last saw the deceased alive on Aug 24, 1950, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Aaron H. Traum	M.D.	8237 Georgia Ave Silver Spring Md	8/25/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-29-1950	Cedar Hill	Hyattsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/26/50	J. Milton Dodd	J. Wm. Sexton Co	300-4th St N.E. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

68284

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospt.	STREET ADDRESS (If rural, give location): 4525 Middleton Lane

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) MOON (Last) BALLINGER				4. DATE OF DEATH (Month) August (Day) 2, (Year) 1950	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 29 Jan. 1863	9. AGE last birthday: 87 yrs.	If under 1 year: Months 1, Days 3; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry B. Moon			14. MOTHER'S MAIDEN NAME: Martha Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None		17. INFORMANT AND ADDRESS: Mrs F.B. Hall- 4525 Middleton Lane Bethesda, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	24 hrs
4427 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	5 yrs
	(c) Cerebral Hemorrhage	48 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1950, to Aug. 2, 1950, that I last saw the deceased alive on Aug. 2, 1950, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney C. Cousins	M.D.	3921-Ingomar St. Wash. Md.	8/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 5 Aug. 1950	NAME OF CEMETERY OR CREMATORY: Ft. Lincoln	LOCATION (City, town, or county) (State): Prince George Co. Md.
DATE REC'D BY LOCAL REG. 8-5-50	REGISTRAR'S SIGNATURE: Helen Kurvach	24. FUNERAL DIRECTOR: Robert A. Humphrey	ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
AUG 7 1950
BUREAU V. S

Evidence for addition as shown in 21

MARYLAND STATE DEPARTMENT OF HEALTH

08285

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 127 AUG 23 1950

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) apx. 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 826 Hemlock Court, N. W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JAMES LYNCH BARTLETT
4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 16, 1943
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Lloyd L. Bartlett
14. MOTHER'S MAIDEN NAME Doris M. Louge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Lloyd L. Bartlett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8125 Immediate cause (a) Fractured skull

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street
(CITY OR TOWN) (COUNTY) (STATE) Silver Spring, Mont., Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 12-1950 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Struck by auto truck. (8/22/50-a.s.)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Emil G. Bauersfeld (Degree or title) ADDRESS Bethesda, Md. DATE SIGNED Aug. 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 14, 1950
NAME OF CEMETERY OR CREMATORY Sycamore Cemetery
LOCATION (City, town, or county) (State) Clarksburg, W. Va.
DATE REC'D BY LOCAL REG. 8/13/50
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave., Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 16 1950
BUREAU T. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15 I

MARYLAND STATE DEPARTMENT OF HEALTH

08286

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BURTONSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL-COLUMBIA Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BURTONSVILLE,
STREET ADDRESS (If rural, give location) COLUMBIA Rd

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) EDWARD (Last) BEALL.
4. DATE OF DEATH (Month) AUG (Day) 11, (Year) 1950
5. SEX M M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE,
8. DATE OF BIRTH APR. 11, 1922
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) BURTONSVILLE, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ARTHUR L. BEALL
14. MOTHER'S MAIDEN NAME HELEN GIBSON.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS ARTHUR L. BEALL, BURTONSVILLE, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
353.3 Immediate cause	(a) Cerebral Embolus	
83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy - Cerebral atrophy,	Life 28 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — —

22. I hereby certify that I attended the deceased from Apr -, 1923, to 8/11, 1950, that I last saw the deceased alive on 8/10, 1950, and that death occurred at 2. A.m., from the causes and on the date stated above.

SIGNATURE N B Edward (Degree or title) ADDRESS 314 Covington Laurel Md. DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/13/50
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Burtonsville Md

DATE REC'D BY LOCAL REG. 8/11/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. ARTHUR WALTERS, 254 CARROLL ST. N.W. — TAKOMA PARK, D.C.
ADDRESS

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08287

Reg. Dist. No. 18

1. PLACE OF DEATH COUNTY: Monty — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Methodist Home	STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) Hollis (Middle) Catherine (Last) Bixler		4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1950	
5. SEX: F	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: April 1, 1862
9. AGE last birthday: 88 yrs.	If under 1 year: Months 4, Days 5	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Westminster Md	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John C. Grumbin		14. MOTHER'S MAIDEN NAME: Ellen J. Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Methodist Home Records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-nephritis	8 mo
442X Antecedent cause(s)	(b) Hyperthyroidism	(?)
63b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	(?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec-12-, 1949, to Aug-5-, 1950, that I last saw the deceased alive on Aug-4-, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William C. Miller, MD, 7-Brooke Ave., Gaithersburg, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8/8/50	NAME OF CEMETERY OR CREMATORY: Kreder Cemetery	LOCATION (City, town, or county) (State): Westminster Md
DATE REC'D BY LOCAL REG.: Aug 6, 1950	REGISTRAR'S SIGNATURE: Alsuda F. Cooke	24. FUNERAL DIRECTOR: J. E. Myers Jr.	ADDRESS: Westminster Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG. 9 1950
BUREAU V. S.

08288

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md
LENGTH OF STAY (in this place) approx 15 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist of Col COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash.
STREET ADDRESS (If rural give location) 623 - 5th St NE

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) (Last) BRIDWELL
4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug. 7, 1866
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Bare
14. MOTHER'S MAIDEN NAME Mary Connors
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Lillian Saffell (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) CORONARY THROMBOSIS

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c) DIABETES MELLITIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 27, 1949, to AUG 28, 1950, that I last saw the deceased alive on AUG 28, 1950, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE Henry M Lowden (Degree or title) M.D. ADDRESS 1603 19th St. N.W. Washington DATE SIGNED D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/31/50 NAME OF CEMETERY OR CREMATORY Cedar Hill Ft Linoc LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REG. Aug 29/50 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J Wm Lee Sons Co ADDRESS 300 4th St NE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1950
BUREAU P. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P8289

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland; LENGTH OF STAY (in this place) 2 1/2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 1914 Naylor Road, S.E.

3. NAME OF DECEASED (Type or Print): (First) Mrs. Bernice (Middle) Harriet (Last) Bright

4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-29-75

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stafford County Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Lowry

14. MOTHER'S MAIDEN NAME: Marrot Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Washington Sanitarium & Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis — Interval Between Onset and Death: 1 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1950, to 8-15, 1950, that I last saw the deceased alive on 8-14, 1950, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Paul V. Starr, M.D. | Takoma Park, Md. | 8-15-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 17, 1950 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG. 8/15/50 | REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR | ADDRESS: Robert A. Mattingly, 131-11th St, S.E. Wash. D.C.

RECEIVED
AUG 17 1950
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08290

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place): 5 days 16 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 2205 Georgetown Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) E. (Last) Broadhurst
4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 6 1876
9. AGE last birthday: 73 yrs. — If under 1 year: Months 11, Days 27 da. — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Howard Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Broadhurst
14. MOTHER'S MAIDEN NAME: Eliza Snowden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal Pneumonia - Left Lung — 2 days.

082X Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Encephalitis Acute Bulbar type - Cause undermined. — 11 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio Sclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 July, 1950, to 3 Aug, 1950, that I last saw the deceased alive on 2 Aug, 1950, and that death occurred at 3:10 A.m., from the causes and on the date stated above.

SIGNATURE: John G. Ball — (Degree or title): M.D. — ADDRESS: 7936 Georgetown Rd Bethesda Md. — DATE SIGNED: 3 Aug 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug. 5/50 — NAME OF CEMETERY OR CREMATORY: Browningsville Ch. Cem — LOCATION (City, town, or county): Browningsville, (State) Md.

DATE REC'D BY LOCAL REG. 8-4-50 — REGISTRAR'S SIGNATURE: Helen Kurvach — 24. FUNERAL DIRECTOR: Lucas A. Pumphrey — ADDRESS: Bethesda, Md.

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18291

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 37 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4504 S. Chelsea Lane

3. NAME OF DECEASED (Type or Print): (First) Baby Boy (Middle) Benjamin (Last) Travis Butler
4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 8-7-50
9. AGE last birthday: 1 day ~~yrs.~~ If under ~~1 year~~ Months. Days 1 Hours Min. If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Suburban Hospital
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Benjamin T. Butler
14. MOTHER'S MAIDEN NAME: Donna Arline Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Benjamin T. Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

760.5 Immediate cause (a) Intracranial damage - Prematurity — 34 hrs.
Etiology - hemorrhage? immaturity? anoxia?

Antecedent cause(s)

160 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7, 1950, to 8-8, 1950, that I last saw the deceased alive on 8-8, 1950, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE: Robert C. Wartken (Degree or title): M.D. ADDRESS: 2721 Conn. Ave. Washington, D.C. DATE SIGNED: 8-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Interred DATE: 8-10-50 NAME OF CEMETERY OR CREMATORY: Suburban Hospital LOCATION (City, town, or county): Bethesda (State): Md.

DATE REC'D BY LOCAL REG. 8-10-50
REGISTRAR'S SIGNATURE: Helen Kurvack
24. FUNERAL DIRECTOR: Amelia Manry Supt. ADDRESS: Bethesda, Md.

2-0-8-07-0-19-2-32-2

VS. A13

RECEIVED
AUG 15 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08292

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 27 East Williams Lane

3. NAME OF DECEASED (Type or Print) (First) Edmund (Middle) (Last) Caskie

4. DATE OF DEATH (Month) Aug. (Day) 28, (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 8-9-96
9. AGE last birthday 54 yrs. If under 1 year Months. Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Dept. of State
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edmund Caskie
14. MOTHER'S MAIDEN NAME Nellie Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute generalized peritonitis	12 hrs
190X Antecedent cause(s)	due to perforation of the	
53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) small intestine due to	
	(c) metastatic melanoma of the right heel	4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Aug. 28, 1950, that I last saw the deceased alive on Aug. 28, 1950, and that death occurred at 4 20 P m., from the causes and on the date stated above.

SIGNATURE W. LeRoy Dunn (Degree or title) M.D. ADDRESS 1150 Conn Ave DATE SIGNED Aug. 28. 1950

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8-31-50 NAME OF CEMETERY OR CREMATORY Arlington LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8-28-50 REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14-St. N.W. Wash, D.C.

XVX 98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 5 mo 27 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 68 Q street, NW, ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Shirley (Last) COLEMAN

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 22, 1919

9. AGE last birthday: 30 yrs. If under 1 year: Months 08 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: US Gov't

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert COLEMAN

14. MOTHER'S MAIDEN NAME: Cassie VENABLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT AND ADDRESS: Wife: Demetrius J. COLEMAN

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic fibrosarcoma, intra-abdominal, massive	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia	
197X 46hr	(c) Fibrosarcoma, Retroperitoneal	9 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Inoperable fibrosarcoma

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1950, to Aug. 3, 1950, that I last saw the deceased alive on Aug. 3, 1950, and that death occurred at 10:41 A.m., from the causes and on the date stated above.

SIGNATURE: A.C. Hering LT MC (Degree or title) ADDRESS: A. C. HERING, LT, MC, USN U.S. NAVAL HOSPITAL DATE SIGNED: August 3, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 7, 1950
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug. 3, 1950
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: Frazier's Fun. Home ADDRESS: Frazier's Funeral Home, 389 Rhode Island Ave., NW, Washington, D.C.

61497

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08294

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) R#1

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Coleman

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/14/32

9. AGE last birthday: 18 yrs. If under 1 year: Months 7 Days / If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene Monroe

14. MOTHER'S MAIDEN NAME: Sadie Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock - due to atelectasis of Trachea — 5 hrs.

671.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Stricture of Trachea

146 C (c) 3) Toxic hepatitis and toxic splenitis, with marked congestion and cloudy swelling.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4) Atonic parturient uterus with retained membranes. (10-3-50 - ams)

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: craniotomy. 9 mo. Stillborn baby delivered Aug. 15, 1950, fetal — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun, 1950, to Aug 15, 1950, that I last saw the deceased alive on Aug 15, 1950, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jack Schumacher M.D. Gaithersburg, Md. Aug. 15, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/18/50 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg Md

DATE REC'D BY LOCAL REG. Aug 16-50 — REGISTRAR'S SIGNATURE: Glenda L Cooke

24. FUNERAL DIRECTOR — ADDRESS: E L Fortune, Gaithersburg Md.

RECEIVED
AUG 18 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

18295

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lay Hill
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Argyle Golf Course

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 108 Northwood Ave.

3. NAME OF DECEASED (Type or Print): (First) FRANK EUGENE (Middle) (Last) COLLIER

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 27, 1905

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Federal Power Comm.

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank E. Collier

14. MOTHER'S MAIDEN NAME: Addie Carlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Marguerite H. Collier - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — 30 min.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bourtart M.D. — ADDRESS: Gaithersburg md — DATE SIGNED: 8-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 8/25/50 — NAME OF CEMETERY OR CREMATORY: Cookeville Cemetery — LOCATION (City, town, or county) (State): Cookeville, Putnam Co. Tenn.

DATE REC'D BY LOCAL REG.: aug 28/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner & Pumphrey, Silver Spring, Md.

35698

VS. A15A

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8296

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2517 Plyers Mill Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Warren	William	DEWEY	August	20,	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 20, 1920	29 yrs.	08	00		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Truck parts
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Harold C. DEWEY
14. MOTHER'S MAIDEN NAME: Helen KUHLMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. - - - -
17. INFORMANT AND ADDRESS: Wife: Kathleen B. DEWEY

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Poliomyelitis, Bulbar

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug. 19, 19 50 to Aug. 20, 19 50, that I last saw the deceased alive on Aug. 20, 19 50, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE: M. E. Roudebush
(Degree or title): M. E. ROUDEBUSH, CDR, MC, USN
ADDRESS: U.S. NAVAL HOSPITAL
DATE SIGNED: August 20, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Aug. 20, 1950		Sheboygan, Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 20, 1950	Edith Worthington	W. W. Chambers, 1400 Chapin St, NW, Washington, D.C.

AS.

27869

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 22 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68297

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jessie	Griffith	Dorsey	August	18,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	married	May 13 1894	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Home	Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clarence Nichols	Martha Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Augustus Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
593 X Immediate cause	(a) Auricular Fibrillation	
132 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	2 days
	(c) Renal Disease & edema	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arthritis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August 22, 1932, to Aug. 18, 1950, that I last saw the deceased alive on Aug. 17, 1950, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE Webster Lowell, M.D. (Degree or title) ADDRESS Norbeck Md. DATE SIGNED 8-20-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-21-1950	West Liberty	Alpha, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/21/50	Frances Potter	Robert L. Snowden	Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 15

RECEIVED
AUG 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8298

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C I VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 7½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 9502 Lindale Drive

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (none) (Last) DUBYK Twin #2

4. DATE OF DEATH: (Month) August (Day) 25, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 25, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 07 Min. 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William DUBYK

14. MOTHER'S MAIDEN NAME: Anna K. SIKORSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Mother: Anna K. DUBYK

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7764 / 159

Immediate cause (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1950 to Aug. 26, 1950, that I last saw the deceased alive on Aug. 26, 1950, and that death occurred at 4:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. GEDAROVICH, LTJG, MC, USN U.S. NAVAL HOSPITAL August 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug. 31, 1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug. 28, 1950

REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

2-1-8-25-0-27-3-24-0

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18299

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 9502 Lindale Drive

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (none) (Last) DUBYK Twin #1

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 25, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 02 If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William DUBYK

14. MOTHER'S MAIDEN NAME: Anna K. SIKORSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Mother: Anna K. DUBYK

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 Immediate cause (a) Prematurity — Interval between onset and death:

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1950, to Aug. 27, 1950, that I last saw the deceased alive on Aug. 27, 1950, and that death occurred at 10:57 P.m., from the causes and on the date stated above.

SIGNATURE: A. Gedarovich — (Degree or title): A. GEDAROVICH, LTJG, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL — DATE SIGNED: August 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 31, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug. 28, 1950 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR AND ADDRESS: R. A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland

2-1-8-25-0-27-2-24-0

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C8300

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 51 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Missouri; COUNTY —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Independence; STREET ADDRESS (If rural, give location) North River and Jones St.

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) Mae (Last) Fay

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1950

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-22-99

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Wood

14. MOTHER'S MAIDEN NAME: Clara Chilcote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Patient's chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Metastatic Carcinoma of lungs + liver

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of sigmoid

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948 - in Missouri

19b. MAJOR FINDINGS OF OPERATION: Ca of Sigmoid

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1950, to Aug 7, 1950, that I last saw the deceased alive on Aug 7, 1950, and that death occurred at 9:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Baltzer E Coyne M.D. Takoma Park Md Aug 8, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 10, 1950

NAME OF CEMETERY OR CREMATORY: Mt. Carmel

LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG. 8/10/50

REGISTRAR'S SIGNATURE: A. W. Frederick

24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08301

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 615 E. Thornapple St.

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) DANIEL (Last) FINDLAY

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 3/24/1868

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY H. FINDLAY

14. MOTHER'S MAIDEN NAME: MARGARET FURLONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MARGARET F. WENKE 615 E. Thornapple Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pneumonia, left lower lobe — Interval Between Onset and Death: 12 hrs.

450.0

Antecedent cause(s)

52a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Generalized Arteriosclerosis — Years

(c): Hypertrophy Prostate, Left Kidney — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured 4, 7, 9, 10 Rt. Ribs — 11 days.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1950, to 8-29, 1950, that I last saw the deceased alive on 8-29, 1950, and that death occurred at 9:22 A.m., from the causes and on the date stated above.

SIGNATURE: Robert H. Montgomery, (Degree or title) M.D. ADDRESS: 1746 K St., N.W. D.C. DATE SIGNED: 8/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Transit Burial — DATE: 8/29/50 — NAME OF CEMETERY OR CREMATORY: White Haven Memorial Pk. — LOCATION (City, town, or county) (State): Rochester, Monroe Co., N.Y.

DATE REC'D BY LOCAL REG. 8-29-50 — REGISTRAR'S SIGNATURE: Helen Kurweb

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

27806

RECEIVED
AUG 31 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08302

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 8601 Woodbrook Lane

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Flynn

4. DATE OF DEATH (Month) August (Day) 21 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 8/21/50

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 4 Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William John Flynn

14. MOTHER'S MAIDEN NAME Jane Virginia Crocker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Anoxia	4 hours
762.5	Antecedent cause(s)		
159.0	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atelectasis	4 hours.
		(c) Prematurity (21 wks gestations estimated from LMP.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 15 Am 21 Aug 1950, to 6 50 Am 21 Aug 1950, that I last saw the deceased alive on 21 Aug, 1950, and that death occurred at 6 50 A m., from the causes and on the date stated above.

SIGNATURE Michael L Buckley MD (Degree or title) ADDRESS 2015 R St N W Wash D.C. DATE SIGNED 21 Aug 50.

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8-22-50 NAME OF CEMETERY OR CREMATORY Mt. Olivet cem. LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 8-20-50 REGISTRAR'S SIGNATURE Helen Kurvac Jr. 24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14th St. N.W.

2-0-8-21-0-27-2-21-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08303

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 1 mo 16 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY Manatee
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradenton
STREET ADDRESS (If rural, give location) 619 25th Street, West ✓

3. NAME OF DECEASED (Type or Print): (First) Orlo; (Middle) Seward; (Last) GOFF
4. DATE OF DEATH: (Month) (Day) (Year) August 29, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Aug. 25, 1878
9. AGE last birthday: 72 yrs. If under 1 year: Months 00; Days 04; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Officer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ira L. GOFF
14. MOTHER'S MAIDEN NAME: Henrietta PECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SpA, WWI & II
16. SOCIAL SECURITY NO. - - - - - -
17. INFORMANT AND ADDRESS: Wife: Harriette L. GOFF

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage, Esophageal, Varices — 3 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Portal Cirrhosis of the Liver — Indefinite

(c)

5810
124b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: N
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1950, to Aug. 29, 1950, that I last saw the deceased alive on Aug. 29, 1950, and that death occurred at 7:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. V. JOBE, CAPTAIN, MC, USN — U.S. NAVAL HOSPITAL — August 29, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 1, 1950
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug. 29, 1950
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

11296

RECEIVED
AUG 31 1950
BUREAU F. I

Copy 8

08304

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 2½ days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp. Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
STREET ADDRESS (If rural, give location) 7002 Aspen Ave

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) O (Last) Gold

4. DATE OF DEATH (Month) 8 (Day) 23 (Year) 1950

5. SEX Male

6. COLOR OR RACE Hebrew

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH 4-9-74

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Israel Gold

14. MOTHER'S MAIDEN NAME Sarah Rosental

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) mesenteric thrombosis terminal — 1 day

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosklerotic heart disease, phillating — years

(c) generalized arteriosklerosis. — years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to August 23, 1950, that I last saw the deceased alive on August 23, 1950, and that death occurred at 5.56 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederic Brennwald M.D. Takoma Park Md. 8/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Transit DATE THEREOF 8/23/50 NAME OF CEMETERY OR CREMATORY R LOCATION (City, town, or county) (State) Detroit Michigan

DATE REC'D BY LOCAL REG. 8/23/50 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3601-14 St. NW Washington, D.C.

15679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08305

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk. Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Albany Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 16 N.Y. Ave.

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Lillian (Last) GRABill

4. DATE OF DEATH (Month) Aug. (Day) 6 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10/15/1869
9. AGE last birthday 80 yrs. If under 1 year Months 9 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS U.H. Hazard, 16 N.Y. Ave. T.P.-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Indefinite

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) age

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1950, to Aug 6, 1950, that I last saw the deceased alive on Aug 6, 1950, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A Bhitte MD 6911 5th St. NW Washington DC AUG 6 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug-9-1950
NAME OF CEMETERY OR CREMATORY Rock Creek Cem
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. 8/6/50.
REGISTRAR'S SIGNATURE J Nelson Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

RECEIVED
AUG 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68306

Reg. Dist. No. 215

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 mo 10 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 634 East Capitol Street ✓

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Philip (Last) GRANGER

4. DATE OF DEATH: (Month) August (Day) 6, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 25, 1908

9. AGE last birthday: 42 yrs. If under 1 year: Months 06 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Various-Meat

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Lewis R. GRANGER

14. MOTHER'S MAIDEN NAME: Grace KESNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT AND ADDRESS: Wife: Kathryn GRANGER

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with myocardial failure — 9 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarction, pulmonary abscess

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1950, to Aug. 6, 1950, that I last saw the deceased alive on Aug. 6, 1950, and that death occurred at 9:50 P m., from the causes and on the date stated above.

SIGNATURE R. J. Mc Carthy — (Degree or title) LT JG, MC, USN — ADDRESS U.S. NAVAL HOSPITAL — DATE SIGNED August 7, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Aug 9, 1950 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. Aug. 7, 1950 — REGISTRAR'S SIGNATURE Edith W. Littlington

24. FUNERAL DIRECTOR — ADDRESS: Wastler Funeral Home, 301 East Capitol Street, Washington, D.C.

27861

F. D. S.

RECEIVED
AUG 8 1990
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8307

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1934 North 15th Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Thomas (Last) Grant

4. DATE OF DEATH (Month) August (Day) 24, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 3, 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chiropractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oswego, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Grant

14. MOTHER'S MAIDEN NAME: Celia Abbey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW#1

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Chart, (wife) Esther J. Grant - Arlington, Va. 1934 N. 15th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Peritonitis	24 hours
Antecedent cause(s)	(b) Intestinal Obstruction due	16 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of Sigmoid	6 mos.

153X

46e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-21-50

19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction, ascites, Ca of Sigmoid

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16-, 1950, to 8-24, 1950, that I last saw the deceased alive on 8-24, 1950, and that death occurred at 7:36 P.m., from the causes and on the date stated above.

SIGNATURE: Arthur E. Coyne (Degree or title) M.D. ADDRESS: Takoma Park DATE SIGNED: Md 8/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: Aug. 25, 1950

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county): Arlington (State): Va

DATE REC'D BY LOCAL REG.: Aug 25/50

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: C. P. Ives ADDRESS: Arlington Va.

V7892

RECEIVED
AUG 28 1950
BUREAU V. R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08308

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Gaithersburg — LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Gaithersburg Md
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HOWARD (Last) HAINES

4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 16. 1919

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: State Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon J. Haines

14. MOTHER'S MAIDEN NAME: Willie Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): m

16. SOCIAL SECURITY NO.: m

17. INFORMANT AND ADDRESS: Simon J. Haines Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193 Immediate cause (a) Neurofibrosarcoma

56 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Neurofibromatosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: approx one year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to Aug. 29, 1950, that I last saw the deceased alive on Aug. 29, 1951, and that death occurred at 5 30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jack Schumacher M. D.

ADDRESS: Gaithersburg, Md.

DATE SIGNED: Aug. 31 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug 31 1950

NAME OF CEMETERY OR CREMATORY: Laytonsville Md

LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: 8/31/50

REGISTRAR'S SIGNATURE: Louis D. Bell

24. FUNERAL DIRECTOR: Roy W. Barber

ADDRESS: Laytonsville Md

42098

RECEIVED
SEP 5 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08309

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jollife Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3900 Hamilton St ✓

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) E. (Last) Harbough

4. DATE OF DEATH (Month) August (Day) 5 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed

8. DATE OF BIRTH Oct. 15, 1859

9. AGE last birthday 90 yrs. If under 1 year Months 2 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodsman

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Harbough

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Jollife Nursing Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral - Vascular accident 8½ hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Generalized arteriosclerosis years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1950, to 8-5, 1950, that I last saw the deceased alive on 8-3, 1950, ~~and~~ that death occurred at 12 35 ~~m.~~ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jas. Rogers M.D. ADDRESS 1009 Seminary Rd Silver Spring Md DATE SIGNED 8-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-8-1950

NAME OF CEMETERY OR CREMATORY Mt View Cemetery

LOCATION (City, town, or county) Sharpsburg (State) Md

DATE REC'D BY LOCAL REG. Aug 7/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR S. H. Hines Company ADDRESS 2901-14-NW Wash. D.C.

98899

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08310

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS: A15A

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Lock Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John
STREET ADDRESS (If rural, give location): 7 Lock Road

3. NAME OF DECEASED (Type or Print): George (First) Harris (Last) (Middle)

4. DATE OF DEATH: (Month) Aug (Day) 25 (Year) 1950

5. SEX: male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH: Dec. 25, 1891 — 9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: U.S. government — 11. BIRTHPLACE (State or foreign country): Cabin John, Montg Co Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Harris — 14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: [redacted] — 17. INFORMANT: Hester Harris (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

163x **Immediate cause** (a) Carcinoma of lung — 4 mo.

47d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertrophy of prostate

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) : m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Fred J. Bronhart M.D. — Gaithersburg Md — 8-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/28/50 — NAME OF CEMETERY OR CREMATORY: Mocus — LOCATION (City, town, or county) (State): Cabin John, Md.

DATE REC'D BY LOCAL REG.: 8-28-50 — REGISTRAR'S SIGNATURE: Helen Kurwacki — 24. FUNERAL DIRECTOR: Robert L. Swarden — ADDRESS: Rockville Md.

98898

RECEIVED
AUG 31 1960
BUREAU P.I.

08311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural, give location) 7012 Rolling Road

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) (Last) Henderson
4. DATE OF DEATH (Month) Aug. (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11-30-87
9. AGE last birthday 62 yrs. If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate
10b. KIND OF BUSINESS OR INDUSTRY Manager
11. BIRTHPLACE (State or foreign country) Albion, Nebr.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Henderson
14. MOTHER'S MAIDEN NAME ? Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Elizabeth Henderson 7012 Rolling Rd ck. Ak.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

570.5 Immediate cause (a) Cardiac Failure. 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diverticulitis, with Incomplete Intestinal Obstruction one month.

122 (c) Secondary Intestinal Hemorrhage.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 22nd 1950.
19b. MAJOR FINDINGS OF OPERATION Inflammatory Adhesions of Splenic Flexure of Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1950, to August 21, 1950, that I last saw the deceased alive on August 21, 1950, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Herbert H. Schoenfeld, M.D. - 1726 Eye St., N.W., Washington, D.C. - 8/21/50. -

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-24-50 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 8-20-50 | REGISTRAR'S SIGNATURE Helen Kurvach | 24. FUNERAL DIRECTOR The S H Hines Co. ADDRESS 2401-14th St NW

15681

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1950
BUREAU P. R.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08312

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 814 Heron Drive

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Albert (Last) Hettenkemer

4. DATE OF DEATH (Month) Aug. (Day) 11 (Year) 1950

5. SEX Male

6. COLOR OR RACE Conc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2-5-1900

9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker

10b. KIND OF BUSINESS OR INDUSTRY Holmes Baking Co.

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Conrad Hettenkemer

14. MOTHER'S MAIDEN NAME Louise Kornmueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. YES 578-03-2902

17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Pulmonary Edema	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Sub-Arachnoid Hemorrhage	4 days
	(c) Hypertension	5 yrs.

331X

83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1945, to Aug 11, 1950, that I last saw the deceased alive on 8/10, 1950, and that death occurred at 10:55A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis K Richardson ADDRESS M.D. 7717 - Alaska Ave N.W. Wash. D.C. DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/14/50

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Prince Geo. County, Maryland

DATE REC'D BY LOCAL REG. 8/13/50

REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR Warner E Pumphrey, ADDRESS Silver Spring, Maryland

300 XV

RECEIVED
AUG 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8313 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 2150 Old Georgetown Road

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Hoes

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: August 12, 1950

9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 20 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LeRoy Hoes

14. MOTHER'S MAIDEN NAME: Edith Louise Nolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.0 Immediate cause (a) Respiratory failure — Interval between onset and death: 20 hours

158 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1950, to Aug 12, 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: John E. Cassidy (Degree or title) M.D. ADDRESS: 5402 Conn. Ave. N.W. DATE SIGNED: Aug. 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 8/14/50 — NAME OF CEMETERY OR CREMATORY: Suburban Hospital — LOCATION (City, town, or county) (State): Bethesda, Md.

DATE REC'D BY LOCAL REG. 8-14-50 — REGISTRAR'S SIGNATURE: Helen Kurnick

24. FUNERAL DIRECTOR: Amelia Mangy, Supt. — ADDRESS: Bethesda, Md.

2-0-8-12-0-27-8-37-4

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08314

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

Monty.-?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Chevy Chase, Monty. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (in this place) 56 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 3914-East West Hgwy. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md.
STREET ADDRESS (If rural give location) 3914 East-West Highway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MICHAEL	D.	HOGAN	AUG.	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Widowed	June 8, 1860	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Engineer	Retd	Penn.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Hogan	Mary O'Neill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Francis E. Hogan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	14 yr.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Chronic nephritis	15 yrs.
	(c) Hypertension Cardio-vasc.-renal	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar., 1946, to Aug., 1950, that I last saw the deceased alive on Aug. 1, 1950, and that death occurred at 6 A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip H. Varner, M.D. ADDRESS PHILIP H. VARNER, M.D. 7202 Connecticut Ave. CHEVY CHASE, MD. DATE SIGNED 8/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 5/50	Mt Olivet	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-4-50	Helen Kurvach	Francis J. Collins - 382-14th St. S.W. Wash. D.C.	

35687

VS. A15

RECEIVED
AUG 7 1950
BUREAU

Evidence for addition of #4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08315

FILM No. G 128 OCT 9 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Kensington
LENGTH OF STAY (in this place): 6 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1 Hampden Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Kensington
STREET ADDRESS (If rural give location): 1 Hampden Street

3. NAME OF DECEASED (Type or Print): (First) Eliza (Middle) Belle (Last) Holstine

4. DATE OF DEATH: (Month) August (Day) 9, (Year) 1950

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 2, 1864

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Edmund Dangerfield

14. MOTHER'S MAIDEN NAME: Betsy Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Joseph Woods

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — Interval between onset and death: 4 days

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease — years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1950, to Aug. 9, 1950, that I last saw the deceased alive on Aug. 7, 1950, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Katharine A. Chapman M.D. — ADDRESS: 29 West Baltimore St. Kensington, Md. — DATE SIGNED: Aug. 9, 1950

23. BURIAL / CREMATION / REMOVAL (Specify): — DATE THEREOF: 8/13/50 — NAME OF CEMETERY OR CREMATORY: Church Cemetery — LOCATION (City, town, or county) (State): Upperville, Va

DATE REC'D BY LOCAL REG. 8-13-50 — REGISTRAR'S SIGNATURE: Helen Curnock

24. FUNERAL DIRECTOR — ADDRESS: R. L. Saunders, Rockville, Md.

RECEIVED
AUG 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08316

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4803 Leland Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4803 Leland Street

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) T (Last) Hopkins

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 24, 83
9. AGE last birthday 67 yrs. If under 1 year Months 1 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mills Traylor
14. MOTHER'S MAIDEN NAME Anna Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT John B. Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 8-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 3/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REG. 8-2-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
AUG 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08317 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Unity Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Unity Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BLANCHE (Middle) M (Last) HOWES

4. DATE OF DEATH (Month) Aug (Day) 12 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mar 11 1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles F. Towenson
14. MOTHER'S MAIDEN NAME Eliza Jan Hoffs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Towenson Howes Alexander Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.2	Immediate cause	(a) Cardiac failure	3 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	5 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spastic quadriplegia — 20 years

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1946, to Aug 12, 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville, Md. 8-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 14 1950
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Montg Co Md (State)

DATE REC'D BY LOCAL REG. 8/14/50
REGISTRAR'S SIGNATURE Louis O'Bell
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17 1960
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08318

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 3922 Dunnel Lane

3. NAME OF DECEASED (Type or Print): (First) Elna A. C. (Middle) (Last) Hoyer

4. DATE OF DEATH: (Month) Aug. (Day) 9, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 20, 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months 5, Days 19, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kolding, Denmark

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Holst

14. MOTHER'S MAIDEN NAME: Anna Madsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: (3922 Dunnel Lane
Edgar Hoyer, Son (Kensington, Md.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155X Immediate cause (a) Carcinoma liver (probably primary) 8 mo +

46 f Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1950, to Aug 9, 1950, that I last saw the deceased alive on Aug 8, 1950, and that death occurred at 5:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. Massie Page MD. 1150 Conn. Ave. Wash. D.C. Aug 10, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 8-10-50
NAME OF CEMETERY OR CREMATORY: Alpine Cemetery
LOCATION (City, town, or county) (State): Middlesex Co., New Jersey

DATE RECD BY LOCAL REG.: 8-10-50
REGISTRAR'S SIGNATURE: Helen Kurrach
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

VS-AP

RECEIVED
AUG 14 1950
BUREAU V. S

M

08319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Dist. of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 8½ hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 2531 Congress Street, SE ✓

3. NAME OF DECEASED (Type or Print)	(First) (none)	(Middle) (none)	(Last) JACKSON	4. DATE OF DEATH	(Month) (Day) (Year) August 17, 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Aug.16,1950	9. AGE last birthday: 00 yrs.	If under 1 year: Months 00, Days 00; If under 24 hrs.: Hours 08, Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - -	10b. KIND OF BUSINESS OR INDUSTRY: - - - - -	11. BIRTHPLACE (State or foreign country): Bethesda, Maryland	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Boyd J. JACKSON		14. MOTHER'S MAIDEN NAME: Janet "H" HALSTED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - -	16. SOCIAL SECURITY No.: - - - - -	17. INFORMANT AND ADDRESS: Mother: Janet "H" JACKSON			

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5 Immediate cause (a) Prematurity

160C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature separation of placenta

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1950, to Aug. 17, 1950, that I last saw the deceased alive on Aug. 17, 1950, and that death occurred at 7:25 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. M. Harris	L. M. HARRIS, CAPTAIN, MC, USN	U.S. NAVAL HOSPITAL	August 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposition	Aug.18,1950	U.S.N. Medical School	Bethesda, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug.18,1950	Edith Whittington	None	

208160322300

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68320

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 23 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5540 Manning Drive

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Henry (Last) JENNINGS

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 21, 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months 00 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Gov't employee

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Daniel R. JENNINGS

14. MOTHER'S MAIDEN NAME: Molly JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SpAmer.

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT AND ADDRESS: Niece: Emma L. ROTHWELL

18. MEDICAL CERTIFICATION: same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Congestive Heart Failure

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease with

(c) Myocardial Infarction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1950, to Aug. 6, 1950, that I last saw the deceased alive on Aug. 6, 1950, and that death occurred at 5:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. P. Hightower, M.D.
D. P. HIGHTOWER, CDR, MC, USN U.S. NAVAL HOSPITAL August 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: Aug. 6, 1950

NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery

LOCATION (City, town, or county) (State): Richmond, Virginia

DATE REC'D BY LOCAL REG.: Aug. 6, 1950

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, 3072 M Street, NW, Washington, D.C.

95-44698

VS. A13

RECEIVED
AUG 9 1950
BUREAU V. S.

08321

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Baby~~ Mark (Middle) ~~Boy~~ William (Last) Johnson

4. DATE OF DEATH (Month) August (Day) 4 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 8/4/1950
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert T. Johnson Jr.
14. MOTHER'S MAIDEN NAME Irene Henley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
762.5	Immediate cause	(a) Congenital Atelectasis	6 hrs
159	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	6 hrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on, 19....., to 8/4, 1950, that I last saw the deceased alive on 8/4, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE C H Ligon (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 8/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-7-50
NAME OF CEMETERY OR CREMATORY Gunnings
LOCATION (City, town, or county) Kingsport, Tenn. (State)

DATE REC'D BY LOCAL REG. Aug. 5, 1950
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR C. H. Weer - Sykesville, Md. ADDRESS

Rec'd from C H Weer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17 1990
BUREAU OF

08322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3721 Windom Pl. N.W.

3. NAME OF DECEASED (Type or Print) (First) Caroline (Middle) Ward (Last) Kindleberger
4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 28 1861
9. AGE last birthday 88 yrs. If under 1 year: Months 10 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Cranston
14. MOTHER'S MAIDEN NAME Mary Dodds Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 3721 Windom Pl. N.W. Washington DC Mr Karl Kindleberger (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Left Lung
163x
Antecedent cause(s) Cardiac decomp c̄ fibrillation
47d
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Partial Int. obstruction
(c)

INTERVAL BETWEEN ONSET AND DEATH: June, 1950 to Aug 28, 1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1950, to Aug 28, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE W. T. Joyce (Degree or title) MD ADDRESS B. Ethesda, Md DATE SIGNED 8-29-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8/31/50 NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. 8-28-50 REGISTRAR'S SIGNATURE Helen Kurwoeb
24. FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS 1756 Pa. Ave N.W.

RECEIVED
AUG 31 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH P8323

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 619 - PERSHING DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MONTGOMERY COUNTY MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 619 - PERSHING DRIVE

3. NAME OF DECEASED (Type or Print) (First) GENEVIEVE (Middle) (Last) KINNAHAN

4. DATE OF DEATH (Month) AUGUST (Day) 9 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH 2-24-1876

9. AGE last birthday 74 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME PENCE

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS 4110 - MILITARY RD. NW. THOS. A. KINNAHAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 day
331X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio vascular disease. 3 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to Aug 9, 1950 that I last saw the deceased alive on 8/9, 1950, and that death occurred at 4.50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas W Shumate M.D. 4704 Reservoir Rd Wash. D.C. 8/9/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8-12-50 NAME OF CEMETERY OR CREMATORY MT. OLIVET Cem LOCATION (City, town, or county) D.C. (State)

DATE REC'D BY LOCAL REG. 8-9-50 REGISTRAR'S SIGNATURE Helen Kurowski

24. FUNERAL DIRECTOR ADDRESS Timothy Hanlon Funeral Home 641-H St. N.E.

RECEIVED
AUG 11 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08324

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 PHILADELPHIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MASS. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHELSEA
STREET ADDRESS (If rural, give location) 26 SUMMIT AVE.

3. NAME OF DECEASED (Type or Print) (First) JENNIE (Middle) E. (Last) KNOWLTON
4. DATE OF DEATH (Month) AUG. (Day) 12 (Year) 1950
5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH JULY 27, 1873.
9. AGE last birthday 77 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE AT HOME
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) BOSTON, MASS.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME MICHAEL A. BREEN.
14. MOTHER'S MAIDEN NAME ANN WHELAND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. NONE
17. INFORMANT MRS GRACE KNOWLTON PARKER 1727 - R. ST N.W. WASH, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. cardio. vascular degeneration — ?

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Emil G. Bauerfeld (Degree or title) Mrs Sta. Dep. Med Exam. ADDRESS Bethesda, Md DATE SIGNED 8/12/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF AUG 15, 1950
NAME OF CEMETERY OR CREMATORY GLENWOOD CEMETERY
LOCATION (City, town, or county) EVERETT, (State) MASS.
DATE REC'D BY LOCAL REG. 8/14/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. ARTHUR WALTERS, ADDRESS 254 CARROLL ST NW TAKOMA PARK, D.C.

RECEIVED
AUG 16 1950
BUREAU V. S

Evidence for change of birth date & age shown on:
FILM No. G 128 OCT 10 1950

08325

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md
LENGTH OF STAY (in this place) one day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 3819 Upton St.

3. NAME OF DECEASED (Type or Print) (First) DR. ANNIE (Middle) (Last) KUHMERKER
4. DATE OF DEATH (Month) 8-2-50 (Day) (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 4-21-1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR
10b. KIND OF BUSINESS OR INDUSTRY Foot Specialist
11. BIRTHPLACE (State or foreign country) New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME Louis Fridkin
14. MOTHER'S MAIDEN NAME Mary Liken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dr. Annie Kuhmerker (as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	Terminal
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular Disease	? Years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1941, to Aug 2, 1950, that I last saw the deceased alive on Aug 2, 1950, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A Hare MD. ADDRESS Takoma Park, Md. DATE SIGNED 8/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 4, 1950
NAME OF CEMETERY OR CREMATORY Wash. Heb. Cong. Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 8/3/50
REGISTRAR'S SIGNATURE J. Wilmer Dodd
24. FUNERAL DIRECTOR B Darzansky & Son ADDRESS 3501-14 N.W. Wash. D.C. V 7892

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VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1950
BUFFALO N.Y.

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08326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 4 mo 14 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Rappahannock
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Amissville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charlie (Middle) James (Last) LATHAM
4. DATE OF DEATH (Month) August (Day) 24, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept.26,1904
9. AGE last birthday 45 yrs. If under 1 year Months 10 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Elect. Supplies
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James W. LATHAM
14. MOTHER'S MAIDEN NAME Annie CORBIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. - - - - -
17. INFORMANT AND ADDRESS Mother: Annie LATHAM

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
181X Immediate cause	(a) Carcinoma of urinary bladder	12 Mo.
52b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastases to spine	1 mo 17 day
	(c) Bilateral pyelonephritis	3 mo 14 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug ~~None~~ 1949
19b. MAJOR FINDINGS OF OPERATION Transitional Cell Ca urinary bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1950, to Aug.24, 1950, that I last saw the deceased alive on Aug.24, 1950, and that death occurred at 4:40 P m., from the causes and on the date stated above.

SIGNATURE W. S. COLE, CDR, MC, USN (Degree or title) ADDRESS U.S. NAVAL HOSPITAL DATE SIGNED August 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug.26,1950
NAME OF CEMETERY OR CREMATORY Amissville Cemetery
LOCATION (City, town, or county) (State) Amissville, Virginia

DATE REC'D BY LOCAL REG. Aug.25,1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Geest Funeral Home, Culpeper, Virginia.

27860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
AUG 28 1950
BUREAU V. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08327

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery, MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) —; LENGTH OF STAY (in this place) 10 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg; STREET ADDRESS (If rural, give location) Asbury Methodist Home

3. NAME OF DECEASED (Typa or Print): (First) Carrie (Middle) L.M. (Last) Lee

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1950

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH Jan 3 1875 | 9. AGE last birthday 75 yrs. | If under 1 year: Months 7 Days 23 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Frederick Wiechert | 14. MOTHER'S MAIDEN NAME Mary E. Gruber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Rev. Frank L Crockrell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 X Immediate cause (a) carcinoma of (1) bladder (2) lungs — Interval between onset and death 8 mos

520 Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b) and infection of bladder

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19....., to Aug 28, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE William E. Miller (Degree or title) M.D. ADDRESS 7 Brookes Ave, Gaithersburg, Md DATE SIGNED 8-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 31 1950 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Aug 29-1950 | REGISTRAR'S SIGNATURE Vibud G Cooke

24. FUNERAL DIRECTOR Harry Armacost ADDRESS Baltimore Md.

RECEIVED
AUG 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18328

Reg. Dist. No. 2 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Sinks

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1957

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 3/29/1868

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Sinks

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Clifton Sinks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X Immediate cause (a) Uraemia — Interval Between Onset and Death: 6

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Interstitial Nephritis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION: None; 19b. MAJOR FINDINGS OF OPERATION: ?; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ?; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ?; (CITY OR TOWN) ? (COUNTY) ? (STATE) ?

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ?; INJURY OCCURRED While at Work ☐ Not While At work ☐ ?; HOW DID INJURY OCCUR? ?

22. I hereby certify that I attended the deceased from 7/20/57, 19.57, to 8/6/57, 19.57, that I last saw the deceased alive on 8/5/57, 19.57, and that death occurred at 2.05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 8/6/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Aug 9/1957; NAME OF CEMETERY OR CREMATORY: Burtonsville Cemetery; LOCATION (City, town, or county): Burtonsville; (State): Md.

DATE REC'D BY LOCAL REG.: Aug 7-57; REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Wayne E Pumphrey; ADDRESS

000 V4

RECEIVED
AUG 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08329

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVY CHASE
STATE: MARYLAND
LENGTH OF STAY (in this place): 12 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVY CHASE
STREET ADDRESS (If rural, give location): 107 WOOTON AVE

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) G (Last) LYONS

4. DATE OF DEATH: (Month) AUG (Day) 1st (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 5, 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN O'KEEFE

14. MOTHER'S MAIDEN NAME: HANNAH AHEARN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	3 weeks
4437 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Bronchial Asthma	3 years
	(c) Hypertension	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis — 20 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 31 July, 1950, that I last saw the deceased alive on 31 July, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE: Francis V. Coleman (Degree or title) M.D. ADDRESS: 1323 Kennedy St. N.W. DATE SIGNED:

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Aug 3/50

NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 8-1-50

REGISTRAR'S SIGNATURE: Helen Kurvach

24. FUNERAL DIRECTOR: Francis J. Collins ADDRESS: 3821-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08331

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 98 Conn. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 98 Conn. Ave., K

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WALTER B. McEACHERN

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 18 Dec. 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months 7, Days 17. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tobacco Buyer

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco

11. BIRTHPLACE (State or foreign country): S. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. W. McEachern

14. MOTHER'S MAIDEN NAME: Florence Baily

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Eulalie O. McEachern-Kensington, Md 98 Conn. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X Immediate cause (a) Heart Failure — Interval Between Onset and Death: 5 days

Antecedent cause(s)

47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis from

(c) Bronchogenic Carcinoma — 8 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1950, to Aug 5, 1950, that I last saw the deceased alive on Aug 5, 1950, and that death occurred at 9:45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. Hill M.D. 1835 Eye St. N.W. Wash D.C. Aug 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit

DATE: 6 Aug. 1950

NAME OF CEMETERY OR CREMATORY: Marion, S. Carolina

LOCATION (City, town, or county) (State): Marion, S. Carolina

DATE REC'D BY LOCAL REG. 8-6-50

REGISTRAR'S SIGNATURE: Helen Kumar

24. FUNERAL DIRECTOR: Robert H. Pumphrey ADDRESS: Bethesda, Md.

12260

VS. A6

RECEIVED
AUG 10 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08331

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 24 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 152 Thomas Street, NW

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Bank (Last) MC GUIRE

4. DATE OF DEATH (Month) August (Day) 5, (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 19, 1894

9. AGE last birthday 56 yrs. If under 1 year Months 02 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY US Gov't

11. BIRTHPLACE (State or foreign country) Louisiana

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Kelton MC GUIRE

14. MOTHER'S MAIDEN NAME Louise SAMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war, or dates of service) WW I

16. SOCIAL SECURITY No. - - - - - -

17. INFORMANT AND ADDRESS Wife: Ruth MC GUIRE

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) Myocardial Failure due to Arteriosclerotic

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heard disease

(c) Pulmonary Tuberculosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1950, to Aug. 5, 1950, that I last saw the deceased alive on Aug. 5, 1950, and that death occurred at 9:55 P m., from the causes and on the date stated above.

SIGNATURE D. P. Hightower, M.D. (Degree or title) ADDRESS DATE SIGNED

D. P. HIGHTOWER, CDR, MC, USN U.S. NAVAL HOSPITAL August 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 10, 1950

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Aug. 6, 1950

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS McGuire Funeral Home, 1820 9th St., NW, Washington, D.C.

McCrae W Boxley 26697

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AUG 9 1920
BUREAU U. S

08332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9411 Flower Ave.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Allen (Last) Menchini
4. DATE OF DEATH (Month) AUG (Day) 11 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 28 1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Drug Store
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis Menchini
14. MOTHER'S MAIDEN NAME Perfectata Granini
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-40-9850
17. INFORMANT AND ADDRESS Leonard Forcier 5 Stockton Rd. Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach

151x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastases

46b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 15 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach with Metastases
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Silver Spring (COUNTY) Montgomery (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8, 1950, to 8/11, 1950 that I last saw the deceased alive on 8/11, 1950 and that death occurred at 10 30 p.m., from the causes and on the date stated above.

SIGNATURE Joseph F. Fazekas (Degree or title) ADDRESS 1 Stockton Rd. Silver Spring Md. DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8/15/50 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. LOCATION (City, town, or county) (State) P. Geo Cty Md

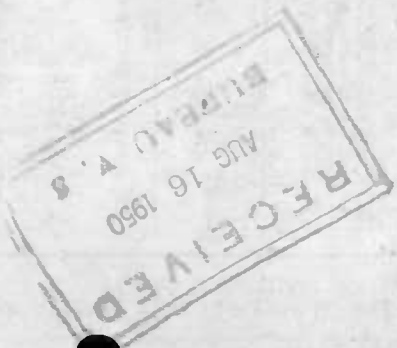
DATE REC'D BY LOCAL REG. 8/14/50 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR THE S. H. HINES CO ADDRESS 2901 14th St NW. WASH DC.

26670

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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AUG 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08333

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY 9201- OLD BLADENSBURG RD MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRINGS
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 9201- old Bladensburg Rd. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs Md.
STREET ADDRESS (If rural, give location) 9201- old Bladensburg Rd

3. NAME OF DECEASED (Type or Print) (First) LULU (Middle) W. MERRELL (Last)

4. DATE OF DEATH (Month) 8-1-50 (Day) (Year) 19

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 2/16-89
9. AGE last birthday 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Physio Therapist
11. BIRTHPLACE (State or foreign country) So. Dakota
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Wright
14. MOTHER'S MAIDEN NAME Ada Kong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 216-073-1126
17. INFORMANT AND ADDRESS Alfred S. Merrell 9201 Old Bladensburg Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion

154X Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Rectum

(c) None.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

INTERVAL BETWEEN ONSET AND DEATH: 2

19a. DATE OF OPERATION May 1950
19b. MAJOR FINDINGS OF OPERATION Ca of Rectum c̄ metastases to liver
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19....., to 7/31, 1950 that I last saw the deceased alive on 7/30, 1950 and that death occurred at 2.30 a.m., from the causes and on the date stated above.

SIGNATURE William J. Wright (Degree or title) ADDRESS 1150 Conn Ave Washington D DATE SIGNED 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/3/50
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Pr. Georges Co.

DATE REC'D BY LOCAL REG. Aug 1/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS V8292 1400 Chapin St. NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
AUG 13 1960
BUREAU V. S

08334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE 3304 Pa. Ave. S.E. Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 7 mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Manor Sanitarium 2515 Holman Ave. S.S. Md.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mollie	(Middle)	(Last) Mickelson	4. DATE OF DEATH (Month) Aug. (Day) 9 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH July 15, 1856	9. AGE last birthday 94 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? Russia
13. FATHER'S NAME Isaac Warsof			14. MOTHER'S MAIDEN NAME Libby Warsof	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Mabel Colingher 4815 N. Cap. St. N.E.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	1 wk.
4500 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	2 wks
	(c) Generalized Atherosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility, Hypertrophic Arthritis	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1950, to Aug 9, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 7:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip E. Jones M.D		904 Ellsworth Drive Silver Spring Md	8/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 8/10/50	NAME OF CEMETERY OR CREMATORY Evensourtgrad	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 8/9/50	REGISTRAR'S SIGNATURE ~~B. Danzansky~~ Frances Potter	24. FUNERAL DIRECTOR B Danzansky & Son	ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1950
BUREAU V. S.

Evidence for change as shown in #18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 1 27 AUG 23 1950

08335

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 mo 27 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY: Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna, Rural
STREET ADDRESS (If rural, give location): Route # 1, Box 127

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Addison (Last) MILLARD

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 10, 1910

9. AGE last birthday: 39 yrs. — If under 1 year: Months 11 — Days 21 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor

10b. KIND OF BUSINESS OR INDUSTRY: Various Internal Revenue

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel MILLARD

14. MOTHER'S MAIDEN NAME: Olive DYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT AND ADDRESS: Sister: Virginia MC GAVIN

18. MEDICAL CERTIFICATION — Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
190X Immediate cause	(a) Metastic Neuroblastoma - Pulmonary. (Autopsy findings (a) Acute pulmonary edema. (b) Malignant melanomas with extensive metastasis.	8 mos.
53 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Neuroblastoma -	"
	(c) Primary, skin of left ear, excised malignant melanoma (8/23/50)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1942 — 19b. MAJOR FINDINGS OF OPERATION: As above — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950, to Aug. 1, 1950, that I last saw the deceased alive on Aug. 1, 1950, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE: P. J. McNamara — (Degree or title) — ADDRESS — DATE SIGNED

P. J. MC NAMARA, CDR, MC, USN — U. S. NAVAL HOSPITAL — Aug. 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit-Burial	Aug. 1, 1950	Brown's Chapel Cemetery	Vienna, Virginia

DATE REC'D BY LOCAL REG.: Aug. 1, 1950 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: Money & King Funeral Home, Vienna, Virginia

Check one,

RECEIVED
AUG 3 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08336
Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Geneva Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1233 Newton St., N.E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	ROBERT	MILLER	Aug.	24 ,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	15Sept 1884	65 yrs.	11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Artist	Self Emp.	Bland, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel A. Miller	Mary E. Newberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Cecile W. Miller 1233 Newton St.N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: sudden death

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockett M.D.		Gaithersburg md	8-24-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	25 Aug 1950	Mechanicsburg Cem.	Bland Co., Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/25/50	J. Wilson Dodd	Robert L. Pumphrey	Bethesda, Md.

V00093

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
AUG 28 1950
BUREAU V. S

08337

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 5 mo 11 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Prince William
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
STREET ADDRESS (If rural, give location): U.S. Marine Corps Base ✓

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Hamilton (Last) MITCHELL, Jr.
4. DATE OF DEATH (Month) August (Day) 18, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb.12,1948
9. AGE last birthday: 02 yrs. — If under 1 year: Months 06, Days 06 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Robert Hamilton MITCHELL, Sr.
14. MOTHER'S MAIDEN NAME: Norma WESTPHAL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY No.: - - - - - -
17. INFORMANT AND ADDRESS: Father: Robert H. MITCHELL, Sr.

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.0 Immediate cause (a) Leukemia Lymphatic Acute — 5½ mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

74a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar.7, 1950, to Aug.18, 1950, that I last saw the deceased alive on Aug.18, 1950 and that death occurred at 5:35 P.m., from the causes and on the date stated above.

SIGNATURE: A. Gedarovich — (Degree or title) A. GEDAROVICH, LTJG,MC,USN — ADDRESS: U.S. NAVAL HOSPITAL — DATE SIGNED: August 18,1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: Aug.18,1950 — NAME OF CEMETERY OR CREMATORY: Wyuka Cemetery — LOCATION (City, town, or county) (State): Lincoln, Nebraska
DATE REC'D BY LOCAL REG.: Aug.18,1950 — REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR: W. W. CHAMBERS, 3072 M Street, NW, Washington, D.C. — ADDRESS: H.J.G.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1950.
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08338

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Monty Md — Gaithersburg MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 45 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H (Last) Mobley			4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1950		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 28 1954	9. AGE last birthday 45 yrs.	If under 1 year Months 11 Days 8 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Pat Saboner	10b. KIND OF BUSINESS OR INDUSTRY Saboner	11. BIRTHPLACE (State or foreign country) Gaithersburg Md	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Wallace Mobley		14. MOTHER'S MAIDEN NAME Mary E. Ware			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Jacob Mobley			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
592X Immediate cause	(a) Coronary occlusion	sudden death
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac hypertrophy with hypertension	5 years
	(c) Chronic Nephritis	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	8-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug 8/50	NAME OF CEMETERY OR CREMATORY Forest Cap Cemetery	LOCATION (City, town, or county) Gaithersburg	(State) Md
DATE REC'D BY LOCAL REG. Aug 6, 1950	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR E. C. Gartner	ADDRESS Gaithersburg Md	

60098

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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AUG 9 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

08339

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Viers Mill Village
LENGTH OF STAY (In this place): MARYLAND 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12109 Dewey Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Viers Mill Village
STREET ADDRESS (If rural, give location): 12109 Dewey Road

3. NAME OF DECEASED (Type or Print): (First) Hazel (Middle) G (Last) Mohler

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1903

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hosea A. Hobart

14. MOTHER'S MAIDEN NAME: Pearl A. Landers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Skinner Funeral Home, Coffeyville, Kansas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory depression due

322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to Acute Alcoholism — 2 days

77a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): Frank J. Bosshart M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 8-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 8/25/50 — NAME OF CEMETERY OR CREMATORY: Hepler Cemetery — LOCATION (City, town, or county) (State): Hepler, Crawford Co., Kansas

DATE REC'D BY LOCAL REG.: aug 28/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Skinner & Pumphrey, Silver Spring, Maryland

26697

VS/A15A

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08340

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) One year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgom.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda,
STREET ADDRESS (If rural, give location) 4804 Enfield Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Judson	(NMN)	MOREY	August	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widower	5-12-'84	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Eng. Engineer	Railroad.	Riskatom, N.Y.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oscar Horace Morey	Matilda Fisher.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	713-12-5151	Mr. George Morey, 4804 Enfield Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Acute myocardial infarction

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 20, 1950, to Aug. 21, 1950, that I last saw the deceased alive on Aug. 21, 1950, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George A. Gray, Jr.	M.D.	104 Ch. Ch. Dr., Ch. Ch. Md.	8/21/'50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	8/22/50	Woodside Cemetery	Dumont, New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-22-50	Helen Kurvach	Robert A. Humphrey	Bethesda, Md.

322.47

RECEIVED
AUG 25 1950
BUREAU V. S.

08341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4828 Chevy Chase Blvd.

3. NAME OF DECEASED (Type or Print) (First) LILLIAN (Middle) BISHOP (Last) POTTER
4. DATE OF DEATH (Month) Aug. (Day) 8, (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12 Jan. 1879
9. AGE last birthday 71 yrs. If under 1 year Months 1 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Nathan Bishop
14. MOTHER'S MAIDEN NAME Martha O'Quinn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs G.P.Preece 4828 Ch.Ch.Blvd. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
181X	Immediate cause	(a) Coronary occlusion	5 days
52b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	5 yrs.
		(c) Cancer of bladder	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Thrombophlebitis — 10 yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1950, to Aug 8, 1950, that I last saw the deceased alive on Aug 7, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emil G. Bauersfeld M.D. ADDRESS Bethesda, Md. DATE SIGNED Aug 8-1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial Transit
DATE THEREOF 10 Aug. 1950
NAME OF CEMETERY OR CREMATORY New Castle, Pa.
LOCATION (City, town, or county) (State) New Castle, Pennsylvania
DATE REC'D BY LOCAL REG. 8-10-50
REGISTRAR'S SIGNATURE Helen Kurwack
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

018342

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural | LENGTH OF STAY (in this place) - - - - -
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Medical School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas — COUNTY Denton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location) 330 East Sycamore Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lee	Covert	POTTS	August	2,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 26, 1922	28 yrs.	02	06		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Navy	Armed Forces	Texas	US

13. FATHER'S NAME: Lee POTTS

14. MOTHER'S MAIDEN NAME: Evabelle (Surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES ✓	WW II	- - - - -	U.S. Naval Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart Frank J. BROSCHART, M.D.		Gaithersburg, Maryland	August 2, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Aug. 3, 1950		Denton, Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 2, 1950	Edith WHITTINGTON	Wastler Funeral Home	301 East Capitol Street, Washington, D.C.

60896

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AUG 7 1950
FBI - BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08343

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) Loraine (Last) Rabbitt
4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1950
5. SEX Fe
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Jan 4, 1881
9. AGE last birthday 69 yrs. If under 1 year Months 7 Days 0 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) Redland Md –
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert Rabbitt
14. MOTHER'S MAIDEN NAME Alice M Bready –
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT Miss Mary Rabbitt –

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral hemorrhage	1/2 hr.
830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 8.4.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 6/50
NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery
LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. Aug 4, 1950
REGISTRAR'S SIGNATURE Alverda G Cooke
24. FUNERAL DIRECTOR E. O. Gartner ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08344

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place): 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Stars Store

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 736 - 22nd. St. N.W.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Miller (Last) Ramsey
4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	If under 1 year: Days	If under 24 hrs.: Hours	If under 24 hrs.: Min.
Male	White	Married	27 Jan. 1902	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic- Cash Register	Self Employed	Pennsylvania	USA

13. FATHER'S NAME: Harry D. Ramsey
14. MOTHER'S MAIDEN NAME: Lilly Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	W.W. II	210-09-9058	Opel C. Ramsey-736 - 22nd. St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)	death
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D.	Gaithersburg Md	8-16-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	18 Aug. 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-18-50	Helen Ruwell Reg.	Robert A. Pumphrey	Bethesda, Md.

VS. A15A

33636

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08345

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania; COUNTY: Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Drexel Hill
STREET ADDRESS (If rural, give location): 1115 Bryan Street ✓

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Paul (Last) REIGHARD

4. DATE OF DEATH: (Month) August (Day) 5, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 10, 1913

9. AGE last birthday: 37 yrs. If under 1 year: Months 05 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: Armed Forces

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Morris REIGHARD

14. MOTHER'S MAIDEN NAME: Alma DELOZIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES ✓ (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT AND ADDRESS: Wife: Miriam REIGHARD

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Myocardial Infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

34a (b) Occlusion, Right Coronary artery

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 4, 1950, to Aug. 5, 1950 that I last saw the deceased alive on Aug 5 1950, and that death occurred at 12:50 A m., from the causes and on the date stated above.

SIGNATURE C. F. Park (Degree or title) ADDRESS DATE SIGNED

C. F. PARK, CDR, MC, USN U.S. NAVAL HOSPITAL August 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 9, 1950
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug. 5, 1950
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home, 301 East 7th Capitol Street, Washington, D.C.

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RECEIVED
AUG 9 1950
BUREAU OF U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08346

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 20½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 14 Neptune Green, SW ✓

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) REYNOLDS

4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 26, 1950

9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 20 Min. 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jack REYNOLDS

14. MOTHER'S MAIDEN NAME: EdithWEST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Mother: Edith W. REYNOLDS

18. MEDICAL CERTIFICATION: Same as item # 2.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1950, to Aug. 27, 1950, that I last saw the deceased alive on Aug. 27, 1950, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. T. BECHTEL, LTJG, MC, USNR U.S. NAVAL HOSPITAL August 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Disposition | DATE THEREOF: Aug. 28, 1950 | NAME OF CEMETERY OR CREMATORY: USN Medical School | LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: Aug. 28, 1950 | REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: None

VS. A15

2-1-8-26-0-33-6-34-1

RECEIVED
AUG 31 1950
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

08347

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 16 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 14 Neptune Green, SW

3. NAME OF DECEASED (Type or Print): (First) (none) (Middle) (none) (Last) REYNOLDS
4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Aug. 26, 1950
9. AGE last birthday: 00 yrs. If under 1 year: Months 00 Days 00 If under 24 hrs.: Hours 15 Min. 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jack REYNOLDS
14. MOTHER'S MAIDEN NAME: Edith WEST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT AND ADDRESS: Mother: Edith W. REYNOLDS

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

776x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1950 to Aug. 27, 1950, that I last saw the deceased alive on Aug. 27 1950, and that death occurred at 8:26 A m., from the causes and on the date stated above.

SIGNATURE J. T. Bechtel
(Degree or title) J. T. BECHTEL, LTJG, MC, USNR
ADDRESS U.S. NAVAL HOSPITAL
DATE SIGNED August 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Disposition
DATE THEREOF Aug. 28, 1950
NAME OF CEMETERY OR CREMATORY USN Medical School
LOCATION (City, town, or county) (State) Bethesda, Maryland

DATE REC'D BY LOCAL REG. Aug. 28, 1950
REGISTRAR'S SIGNATURE Edith W. Kittington
24. FUNERAL DIRECTOR None.
ADDRESS

2-1-826-0-33-6-34-1

RECEIVED
AUG 31 1960
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08348

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 days 15 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Ricci (2nd Twin)
4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Nurse RN
8. DATE OF BIRTH: 7-31-50
9. AGE last birthday: ___ yrs. If under 1 year: Months ___ Days 5 If under 24 hrs.: Hours ___ Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Anthony W. Ricci
14. MOTHER'S MAIDEN NAME: Dora Manbacelli
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) asphyxia — Interval between onset and death:

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Prematurity (6½ mo)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1950, to Aug 5, 1950, that I last saw the deceased alive on Aug 5, 1950, and that death occurred at 3:53 P m., from the causes and on the date stated above.

SIGNATURE: Frank D. Leslie (Degree or title) M.D. ADDRESS: 9001 Georgia Ave. Silver Spring Md DATE SIGNED: Aug 5, 50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 8/7/50 NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery LOCATION (City, town, or county) Prince Georges Co. (State) Md.

DATE REC'D BY LOCAL REG. 8/6/50 REGISTRAR'S SIGNATURE: Helen Lurack

24. FUNERAL DIRECTOR: J. Tom Lee Sons Co ADDRESS: 300-4th St. Washington D.C.

2-1-7-31-0-35-3-33-1

RECEIVED
AUG 10 1950
BUREAU

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08349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 12 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 114 East Woodbine Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Thomas (Last) RILEY
4. DATE OF DEATH (Month) August (Day) 8, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 10, 1894
9. AGE last birthday 55 yrs. If under 1 year Months 09 Days 28 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Building
10b. KIND OF BUSINESS OR INDUSTRY US Gov't
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME William Riley
14. MOTHER'S MAIDEN NAME Nellie GRAU
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES ✓ (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. - - - - - -
17. INFORMANT AND ADDRESS Wife: Grace RILEY

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193 X Immediate cause (a) Brain tumor - glioma left tempero-parietal — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

54a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1950, to Aug. 8, 1950, that I last saw the deceased alive on Aug. 8, 1950, and that death occurred at 6:34 P.m., from the causes and on the date stated above.

SIGNATURE B. Thomas! (Degree or title) ADDRESS DATE SIGNED
B. THOMAS, CDR, MC, USN U.S. NAVAL HOSPITAL August 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 11, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. Aug. 9, 1950
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Robert A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

496 97 D. J. Jones

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

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VS. A15

RECEIVED
AUG 11 1950
BUREAU T. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08350

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 400 Dennison St., COUNTY Baltimore Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 400 Dennison St.

3. NAME OF DECEASED (Type or Print) (First) Leona (Middle) Geneva (Last) Roberts

4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 12-26-1874
9. AGE last birthday 75 yrs. If under 1 year Months 8 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Dean
14. MOTHER'S MAIDEN NAME Mary Jane Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington Sanitarium + Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Bronchopneumonia	1 week
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage i Rt. Hemiplegia	3 weeks
		(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1950, to Aug 10, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 11 20 P m., from the causes and on the date stated above.

SIGNATURE Harry B Orleans MD (Degree or title) ADDRESS 9500 Colesville Rd Silver Spring Md DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 14/50.
NAME OF CEMETERY OR CREMATORY Loudon Pk.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 8/16/50
REGISTRAR'S SIGNATURE J Arthur Dodd
24. FUNERAL DIRECTOR Harry H. Witzke, ADDRESS 4101 Edmondson Ave, Baltimore 29, Md.

RECEIVED
AUG 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08351

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 1 mo 27 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Alexandria; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria; STREET ADDRESS (If rural, give location) 13 East Howell Avenue

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Daniel (Last) ROBERTSON

4. DATE OF DEATH (Month) (Day) (Year): August 7, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 17, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months 04 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamfitter

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas A. ROBERTSON

14. MOTHER'S MAIDEN NAME: Augusta CRIGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SpAmer.

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Wife: Alice G. ROBERTSON

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
162+ Immediate cause	(a) Pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 47c	(b) Transition due metastases	4 mo
	(c) Bronchogenic carcinoma - L. lung	12 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma L. lung

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to Aug. 7, 1950, that I last saw the deceased alive on Aug. 7, 1950, and that death occurred at 9:37 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. C. HERING, LT, MC, USN — U.S. NAVAL HOSPITAL — August 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug. 10, 1950

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug. 8, 1950

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Cunningham Funeral Home, 809 Cameron St., Alexandria, Va.

34849

RECEIVED
AUG 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08352

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11214 Old Bladensberg Road

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) William George (Last) Robertson

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH April 2, 1877

9. AGE last birthday 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Worker

10b. KIND OF BUSINESS OR INDUSTRY Retired Cont. Worker

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William George Robertson

14. MOTHER'S MAIDEN NAME Nellie Brent Digges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Washington Sanitarium & Hospital, Takoma Pk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492X — Immediate cause (a) Virus Pneumonia (confluent) — Interval between onset and death: 3wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

940 — (b) Congestive Heart Failure Terminal uremia

(c) Generalized Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary thrombosis 3 mo ago

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1938, to August 26, 1950, that I last saw the deceased alive on 8-26-, 1950, and that death occurred at 3.05 p.m., from the causes and on the date stated above.

SIGNATURE Louise Houghton Smith (Degree or title) ADDRESS 8752 Georgia Ave Silver Spring DATE SIGNED 8/26/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/30/50 — NAME OF CEMETERY OR CREMATORY St. John's Catholic Cemetery — LOCATION (City, town, or county) Montgomery, (State) Md

DATE REC'D BY LOCAL REG. 8/29/50 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Chas. E. Pumphrey — ADDRESS Silver Spring, Md.

49697

VS-A 15

RECEIVED
AUG 31 1950

08353

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5757 26th Avenue, S.E.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Lynn (Last) ROBINSON
4. DATE OF DEATH (Month) (Day) (Year): August 8, 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 8, 1950
9. AGE last birthday: 00 yrs. — If under 1 year: Months 00 Days 00 — If under 24 hrs.: Hours Min. 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - - -
10b. KIND OF BUSINESS OR INDUSTRY: - - - - -
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Leon Earl ROBINSON
14. MOTHER'S MAIDEN NAME: Mary Louise WILES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT AND ADDRESS: Mother: Mary Louise ROBINSON

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anoxia, neonatorum

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature rupture membranes — 6 days

(c) Breech presentation with compressing cord.

761.0
160C

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1950, to Aug. 8, 1950, that I last saw the deceased alive on Aug. 8, 1950 and that death occurred at 7:40 P m., from the causes and on the date stated above.

SIGNATURE: L. M. Harris — (Degree or title): L. M. HARRIS, CAPTAIN, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL — DATE SIGNED: August 9, 1950

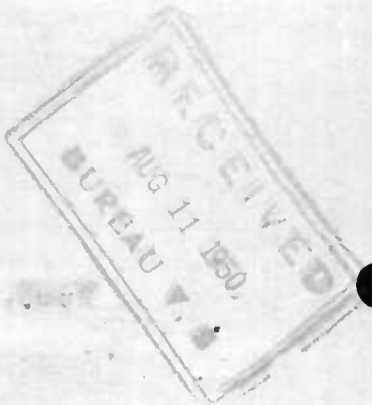
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 11, 1950 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: Aug. 9, 1950 — REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR — ADDRESS: Robert A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

2-0-8-08-0-22-2-36-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
AUG 11 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08354

Reg. Dist. No. 214

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8907 2nd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring.
STREET ADDRESS (If rural, give location): 8907 2nd Ave.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Vernon (Last) Rodwell

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	March 22, 1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Virginia	U.S.A.

13. FATHER'S NAME: William V. Bishop

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		none	Mr. Norman Byron Moore - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976x **Immediate cause**	(a) Hemorrhage due to bullet	Instd
164c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) wound in r temple (suicide)	dead
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchat M.D.		Gaithersburg Md	8-26-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 28, 1950	Ft. Lincoln Cemetery	Prince George Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 28/50	Frances Potter	Warner & Pumphrey,	Silver Spring, Maryland

RECEIVED
AUG 29 1950
BUREAU OF S

Evidence for change of date of birth shown on:

FILM No. G 127 AUG 4 1950

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

118355

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eldred St R-2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring R 7 B "2
STREET ADDRESS (If rural, give location) Eldred St.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Lee (Last) Royston

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-1-84 (1884)

9. AGE last birthday: 66 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Utterback

14. MOTHER'S MAIDEN NAME: Donna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Hamick Conaway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 t — Immediate cause (a) Carcinoma of lower bowel — Interval between onset and death: 9 mo.

46 e — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Fred J. Brockett M.D. — Gaithersburg md — 8-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/3/1950 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Marshall. — (State): Va

DATE REC'D BY LOCAL REG.: Aug 1, 1950 — REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR: R. A. Mattingly. — ADDRESS: 131-11th St. S.E. Washington, D.C.

VS. A15A

RECEIVED
AUG 3 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

118356

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 239 Park Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
—	—	Schenck	August	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	August 8-1950	yrs.			6-	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mark Edward Schenck	Betty Coyle Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mark Edward Schenck - Newton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
776X Immediate cause	(a) Prematurity - 6½ mo. gestation	
Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none known - patient first	
	(c) seen by me after onset labor.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from 8-8, 1950, to 8-9, 1950 that I last saw the deceased alive on 8-9-, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Emma Hughes M.D	Takoma Park, Md.	Aug 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	8-10-50	Washington Sanitarium & Hosp.	Takoma Park, Montg. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/11/50	J. Milton Dodd	Wash. San. & Hospital, Takoma Park, Md.

Written permission received from both parents. W.H. Hyatt W.H. Hyatt - Medical Record Libra

RECEIVED
AUG 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118357

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San & Hosp. Takoma Park.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington.
STREET ADDRESS (If rural, give location): 904 Rittenhouse St. N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Frances (Last) Sheppe.

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-10-1887

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Moreland Co. Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John P. McKenney

14. MOTHER'S MAIDEN NAME: Dora Hogan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
431 Immediate cause	(a) Cerebral Vascular Accident	5 days
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Essential	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1950, to Aug 8, 1950, that I last saw the deceased alive on Aug 8, 1950, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Lake M.D. ADDRESS: 8801 Caleville Rd. Silver Spring, Md. DATE SIGNED: Aug. 8, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF: Aug 10 50 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cem. | LOCATION (City, town, or county) (State): St George's Co. Md.

DATE REC'D BY LOCAL REG. 8/8/50 | REGISTRAR'S SIGNATURE: J. Thomas Dodd

24. FUNERAL DIRECTOR ADDRESS: The S. H. Lewis Co. 2901-14 St. N.W. Wash, D.C.

RECEIVED
AUG 10 1950
BUREAU V. S

08358

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 912 Carroll Avenue	STREET ADDRESS (If rural, give location) 912 Carroll Avenue

3. NAME OF DECEASED (Type or Print)	(First) WALTER	(Middle) —	(Last) SHERMAN	4. DATE OF DEATH	(Month) Aug (Day) 25 (Year) 1950.
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 29, 1883	9. AGE last birthday 66 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic - Retired	10b. KIND OF BUSINESS OR INDUSTRY Auto Repairs	11. BIRTHPLACE (State or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Promise K. Sherman, 912 Carroll Ave Tak Pk.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) (1) Hypertensive heart dis. c̄ (2) Ac left ventricular failure	(1) Yrs + (2) sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) General Arteriosclerosis c̄ L residual hemiplegia	5-6 yrs ago
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3 yrs, 19 ....., to Aug 25, 1950, that I last saw the deceased alive on Aug 24, 1950, and that death occurred at 6 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fr. H. Wolohan	MD	500 Underwood St N W Wash. D.C.	8/25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 27 1950	George Wash. Mem. Cem.	Hyattsville, Md Pr. Geo Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/25/50	[signature]	Pasteur S. Walters	254 Carroll St. N.W.

33239 Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0835?

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 5 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 730 6th Street, SE ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Edward (Last) STRAUGHN

4. DATE OF DEATH: (Month) August (Day) 7, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	Sept. 18, 1886	63 yrs.	10	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Not known	- - - - -	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John STRAUGHN	Mildred GORDON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES / WW I	- - - - -	Wife: Bertha STRAUGHN

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
151X Immediate cause	(a) Emaciation and inanition	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b	(b) Metastatic Carcinoma Brain	2 months
	(c) Carcinoma of the Stomach	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 2, 1950, to Aug. 7, 1950, that I last saw the deceased alive on Aug. 7, 1950, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. C. Buchanan	G. C. BUCHANAN, LTJG, MCR, USNR	U.S. NAVAL HOSPITAL	August 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 11, 1950	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 8, 1950	Edith Whittington	Barnes & Matthews, 614 4th St, SW, Washington, D.C. E.B.M. XVX99

RECEIVED
AUG 9 1950
BUREAU

Evidence for addition in 18 shown on:

FILM No. G 1 27 AUG 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08360

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural, give location) 4020 Parkwood Street

3. NAME OF DECEASED (Type or Print): (First) Gottlieb (Middle) (none) (Last) STROHMAIER

4. DATE OF DEATH: (Month) (Day) (Year) August 3, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 21, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months 07 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Marine

10b. KIND OF BUSINESS OR INDUSTRY: Armed Forces

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? US(N)

13. FATHER'S NAME: Mathias STROHMAIER

14. MOTHER'S MAIDEN NAME: Anna Marie (Surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Son: Edward STROHMAIER

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Inanition, generalized	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis, generalized.	Unknown
157X 46g	(c) Body of pancrease suspected as site of carcinoma (8-28-50 akc)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1950, to Aug. 3, 1950, that I last saw the deceased alive on Aug. 3, 1950, and that death occurred at 12:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo C. Buchanan
G. C. BUCHANAN, LTJG, MCR, USNR U.S. NAVAL HOSPITAL August 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 7, 1950 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. August 3, 1950 | REGISTRAR'S SIGNATURE: Edah W. Ellington

24. FUNERAL DIRECTOR ADDRESS: Lee Funeral Home, 4th & Mass. Ave., NE, Washington, D.C. F.A.N. 60896

RECEIVED
AUG 4 1958

08361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6313 Georgia Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6313 Georgia St.

3. NAME OF DECEASED (Type or Print) (First) Oliver (Middle) G. (Last) Taylor

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/23/1883
9. AGE last birthday 66 yrs. If under 1 year Months 10 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cheif Public Service
10b. KIND OF BUSINESS OR INDUSTRY Natl' Park Ser.
11. BIRTHPLACE (State or foreign country) Lebanon, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles G. Taylor
14. MOTHER'S MAIDEN NAME Margaret Kern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 6311 Georgia St. Mrs. Marjorie Taylor-Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	7 days.
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Sclerosis	Not Known
	(c) Arteriosclerosis	Not Known.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 1950, to Aug. 26, 1950, that I last saw the deceased alive on Aug. 24, 1950, and that death occurred at 8:35 A.m., from the causes and on the date stated above.

SIGNATURE Robert G. Angle (Degree or title) M.D. ADDRESS 106 Del Ray Avenue Bethesda, Md. DATE SIGNED 8/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/29/50
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, (State) Va.

DATE REC'D BY LOCAL REG. 8-29-50
REGISTRAR'S SIGNATURE Helen Kurvalf
24. FUNERAL DIRECTOR Robert A. Pumphrey - ADDRESS Bethesda, Md.

15697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1960
BUREAU W. &

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08362

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 mo 10 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dist. of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 334 Dixon Court, SW ✓

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Calton (Last) TOBEY
4. DATE OF DEATH: (Month) August (Day) 11, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 8, 1893
9. AGE last birthday: 56 yrs. — If under 1 year: Months 11, Days 03 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted man
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Louis TOBEY
14. MOTHER'S MAIDEN NAME: Louise DAGRAFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES ✓ (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO.: - - - - -
17. INFORMANT AND ADDRESS: Vets. Admin. Records, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bilateral, hypostatic	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia, and hepatic failure	3 months
	(c) Cirrhosis, Liver, Laennec's	Unknown

581.1
124a

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1950, to Aug. 11, 1950, that I last saw the deceased alive on Aug. 11, 1950, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE: Ped C. Buchanan — (Degree or title): C. C. BUCHANAN, LTJG, MCR, USNR — ADDRESS: U.S. NAVAL HOSPITAL — DATE SIGNED: August 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 17, 1950 — NAME OF CEMETERY OR CREMATORY: Payne's Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.
DATE REC'D BY LOCAL REG.: Aug. 14, 1950 — REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR: W. E. Jarvis, 1432 U Street, NW, Washington, D.C. — ADDRESS

(M.C.V.) 60896

RECEIVED
AUG 16 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08363

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A5

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA; LENGTH OF STAY (in this place) 56 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cleveland.; STREET ADDRESS (If rural, give location) 2700 Edgehill Rd.

3. NAME OF DECEASED (Type or Print): (First) Anne (Middle) B (Last) Tracy

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 22, 1900

9. AGE last birthday: 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New Orleans. La

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Washington James Tracy

14. MOTHER'S MAIDEN NAME: Cora Mary Blee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Cora M. Tracy, 9834 Capital View Ave Forest Glen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x Immediate cause (a) Cardiac decompensation — Interval between onset and death: 2-3 yrs

131 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 26 Aug, 1950, that I last saw the deceased alive on 25 Aug, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William D. And, MD 9006 Colesville Rd, Silver Spring Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 8-26-50 — NAME OF CEMETERY OR CREMATORY Lake View — LOCATION (City, town, or county) (State) Cleveland, Ohio

DATE REC'D BY LOCAL REG. 8-26-50 — REGISTRAR'S SIGNATURE Helen Kurowitz

24. FUNERAL DIRECTOR — ADDRESS The J. H. Hines Co. 2901-14th St. N.W. D.C.

XV X 99

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08365

CERTIFICATE OF DEATH

Reg. Dist. No. 213

Evidence for change of age shown on:

FILM No. G 127 AUG 22 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place): 1 yr. 2½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chestnut Lodge Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4439 Cathedral Ave. N.W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	KATHARINE.	BACON	TURRENTINE.	AUG.	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	MARRIED	MAY 20 1883	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Conn.	

13. FATHER'S NAME: Clarence E. Bacon

14. MOTHER'S MAIDEN NAME: Katharine S.Whiting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Dr. John W. Turrentine, husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: 2 minutes

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Essential, Moderate — Indeterminate, number of years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July, 1949 to Aug 18, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 2:45 A.m., from the causes and on the date stated above. (Aug 18)

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Harold F. Searles, M.D. — 916 Park St. Rockville, Maryland — Aug 18 1950

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
cremation	8/21/50	Ft. Lincoln Crematory	Pr. Geo. Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/50	Peggy M Veazey	Thos. S. W. Hines Co	2901 14th St. Wash. D.C.

VS. A15

RECEIVED
AUG 21 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08364

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hawkins Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) Hawkins ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Beatrice		Turner	Aug	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	col	Married	Aug. 12 1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Home	Washington, Dc	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Conroy Stiner	Rae Smothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Thomas Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Burchart	M.D.	Gaithersburg Md	8-1-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-4-1950	Lincoln Park,	Rockville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-4-50	Helen Kurvach	Robert L. Snowden,	Rockville Md

RECEIVED
AUG 7 1950
BUREAU

M

C

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14

MARYLAND STATE DEPARTMENT OF HEALTH

08366

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #3
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #3
STREET ADDRESS (If rural, give location) Bethesda, Md

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ann (Last) Twyman
4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 16, 1950
9. AGE last birthday 6 weeks yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgo. Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Holstine
14. MOTHER'S MAIDEN NAME Mary Twyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mary Ann Twyman (Grandmother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute gastro-enteritis — INTERVAL BETWEEN ONSET AND DEATH 1 day

571.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

119a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1950, to Aug 29, 1950, that I last saw the deceased alive on Aug 28 1950, and that death occurred at 3 p. m., from the causes and on the date stated above.

SIGNATURE Emil G. Bauersfeld (Degree or title) M.D. ADDRESS Bethesda, Md DATE SIGNED 9/1/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sep 1 1950
NAME OF CEMETERY OR CREMATORY Scotland
LOCATION (City, town, or county) Montgomery Co (State)

DATE REC'D BY LOCAL REG. 9-1-50
REGISTRAR'S SIGNATURE Helen Kurowski
24. FUNERAL DIRECTOR Robert L. Sunden, ADDRESS Rockville, Md.

2-0-7-15-0-17-1-38-4

RECEIVED
SEP 5 1950
BUREAU V. S

08367

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 mon. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyatsville
STREET ADDRESS (If rural, give location) 500 Chillum Road

3. NAME OF DECEASED (Type or Print) (First) Kathryn (Middle) Virginia (Last) Umberger
4. DATE OF DEATH (Month) 8 (Day) 27 (Year) 1950

5. SEX Fe
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-1-1904
9. AGE last birthday 46 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Multigraph Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Johnstown, Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert E. Gittings
14. MOTHER'S MAIDEN NAME Luella G. Custer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) General carcinoma of abd.
46 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably originating in cecum — 8 mo.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion. Ascitis. — not known

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1950, to 8-27, 1950, that I last saw the deceased alive on 8-27-50, 19....., and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE Arthur E Coyne (Degree or title) MD ADDRESS Takoma Park Md DATE SIGNED 8-27-50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 8/30/50 | NAME OF CEMETERY OR CREMATORY Grand View | LOCATION (City, town, or county) Johnstown Pa (State)

DATE REC'D BY LOCAL REG. 8/27/50 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR ~~Geo. H. Hines~~ G. 2901 - 4th St. N.W. ADDRESS

Home Funeral Home 25699 Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1950
BUREAU V. S

08368

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery Co., MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Bethesda
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural, give location) 2605 Urbanan Dr. Glenmont Village

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) N. (Last) VINCENT

4. DATE OF DEATH (Month) Aug (Day) 11, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 8, 1902
9. AGE last birthday 47 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy
11. BIRTHPLACE (State or foreign country) Lytton, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Howell Smith Vincent
14. MOTHER'S MAIDEN NAME Nellie Nesbit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 9/14 to 2/46 6/50 to 8/00
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Velma Vincent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	sudden death
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic cardio-vascular disease	?
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Emil G. Bauersfeld M.D. (Degree or title) Sup. deputy medical examiner Mont Co. ADDRESS Bethesda, Md DATE SIGNED 8/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 15 Aug. 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 8-13-50
REGISTRAR'S SIGNATURE Helen Kurvack Jr.
24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS 300-4th St. N.E.

V0896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 15 1950
BUREAU

Evidence for change in #9 as shown in

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08369

FILM No. G 127 SEP 7 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Laura		Wachter	Aug	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	12/20/56	~~92~~ 93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Simon Craver	Susan Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
450.0 **Immediate cause**	(a) Uremia	5 days
13/a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis and chronic interstitial nephritis	5 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from 8.10, 19 50, to 8/21, 19 50, that I last saw the deceased alive on 8/21, 19 50, and that death occurred at 4:10 pm m., from the causes and on the date stated above.

SIGNATURE J M Bell (Degree or title) M D ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 24/950	Mt Carmel	Montgomery Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-23-50	Gertrude B Lawler	Roy W Barber	Gaithersburg

RECEIVED
AUG 31 1950
BUREAU T. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08370

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park, Md.
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Of Columbia COUNTY: -----
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 2151-California St.N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAVID	LAFAYETTE	WALL	August	25,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	July 21,1883	67 yrs.		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Manager	Danville, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas D.Wall	Mandy L.Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs.Camellia Wall-wife ;2151-California ST. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Arterio sclerosis general Cerebral c

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a (b) Cerebral thrombosis and/or hemorhage

Mild hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/18/, 1950, to 8/25/, 1950, that I last saw the deceased alive on 8/24/, 1950, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas A. Wolohan	M D	500 Underwood NW Wash DC	8/25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Aug.25,1950		Washington,D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/25/50	J. Holmes Dodd	Martin W. Hysong Co	1300-N St.N.W.,Wash.DC

15679

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08371

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH

COUNTY: Montgomery — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park. — LENGTH OF STAY (in this place): 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium and Hospital Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland. — COUNTY: Montgomery?

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park.

STREET ADDRESS (If rural, give location): 2 Sycamore. Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Deborah	Onetta	Weaver	8	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	7-24-1879.	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Charles Town West Virginia	

13. FATHER'S NAME: William John Schaaff Sr.

14. MOTHER'S MAIDEN NAME: Anna E. McKarry.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No		Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
331 Immediate cause	(a) Cerebral Thrombosis	4 days
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Takoma Park	Md.	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/16, 1950, to 8/27, 1950, that I last saw the deceased alive on 8/26, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE: H. B Orleans (Degree or title) M.D. — ADDRESS: 9500 Colesville Rd Silver Spring Md. — DATE SIGNED: AUG 27 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 29 1950	Edge Hill Cemetery	Charlestown,	W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/27/50	J Allen Dodd	J Arthur Walters	257 Carroll St. N.W. Takoma Park D.C.

RECEIVED
AUG 29 1950
BUREAU [illegible]

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 11days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc., Olney, Md.	STREET ADDRESS (If rural, give location) Mt. Zion

3. NAME OF DECEASED (Type or Print)	(First) Maude	(Middle) G.	(Last) Webster	4. DATE OF DEATH	(Month) 8 (Day) 2 (Year) 1950
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.	8. DATE OF BIRTH 6/5/1900	9. AGE last birthday 50 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Harlmon Swailes	14. MOTHER'S MAIDEN NAME Sara Swales				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Hospital records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac arrest	—
600.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Surgical Shock.	1/4 hr
133a	(c) Pyonephrosis, Rt.	2 wo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/2/50	19b. MAJOR FINDINGS OF OPERATION Pyonephrosis c̄ hydronephrosis + hydroureter	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1950, to 8/2, 1950, that I last saw the deceased alive on 8/2, 1950, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Sandy Spring, Md	8/2/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 5 1950	Mt Zion Md	Montgomery Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-5-50	Gertrude B Lawler	Roy W. Barber	Laytonsville Md

RECEIVED
AUG 10 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08373

CERTIFICATE OF DEATH

Reg. Dist. No. 216 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY (Montgomery); CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md; STREET ADDRESS (If rural, give location) 7818 Tilbery St. Bethesda Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Theresa	Welch	Aug	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W			65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Olean N.Y.	U.S.

13. FATHER'S NAME Patrick Gill

14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. Louis Welch - same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
156.1 Immediate cause	(a) Carcinoma of liver with generalized metastasis.	about 8 Mos.
46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 30 1950, to Aug 17, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 1.05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William N. Gadel M.D.	8016 Old Georgetown Rd Beth. Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/19/50	St. Mary's Cemetery	Rockville,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-18-50	Helen Kurowski	Robert A. Pumphrey	Bethesda, Md.

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AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08374

CERTIFICATE OF DEATH

Reg. Dist. No. 314

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 LeVelle Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural give location) 10 LeVelle Drive

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Isabelle (Last) Welch

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (Widowed)

8. DATE OF BIRTH: Mar 20, 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William E. Sunderland

14. MOTHER'S MAIDEN NAME: Ellen E. Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: WM. E. Welch-(SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage (Massive)	48 hr
331K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage (minor)	4 mo
83a	(c) Arteriosclerosis, Generalized	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —; (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 10, 1950, to Aug 13, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George L. Ball MD ADDRESS 3835 Eastern Ave Silver Spring Md DATE SIGNED Aug 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8/16/50; NAME OF CEMETERY OR CREMATORY Mount Zion; LOCATION (City, town, or county) Lothian (State) Md.

DATE REC'D BY LOCAL REG. 8/15/50; REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08375

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (In this place) 279 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SAN & HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) MEADOWOOD DRIVE

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) HALE (Last) WHEELER

4. DATE OF DEATH (Month) AUGUST (Day) 29 (Year) 1950

5. SEX MALE
6. COLOR OR RACE CAUC.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-25-75
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gov. - (Retired) Auditor.
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't -
11. BIRTHPLACE (State or foreign country) MASSACHUSETTS
12. CITIZEN OF WHAT COUNTRY? AM.

13. FATHER'S NAME ASA L. WHEELER
14. MOTHER'S MAIDEN NAME MARY E. TYLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS PATIENTS RECORD - WSH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422 j	Immediate cause	(a) Cerebral Thrombosis	42 days
131 b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular Disease with	4/7/49
		(c) Snow Gen Arteriosclerosis & Numerous Cerebral Accidents	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr Interstitial Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1949, to Aug 29, 1950, that I last saw the deceased alive on 8/29/1950, and that death occurred at 3:58 p.m., from the causes and on the date stated above.

SIGNATURE Howard T. Moore (Degree or title) MD ADDRESS 28 Carroll Ave Takoma Park Md DATE SIGNED 8/29/50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9/1/50 NAME OF CEMETERY OR CREMATORY Forest Vale Cem LOCATION (City, town, or county) Hudson, (State) Mass

DATE REC'D BY LOCAL REG. 8/29/50 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

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AUG 31 1990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08376

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manor Club Estates (RURAL) near Olney
LENGTH OF STAY (in this place): Aug. 2, 1950.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crossway Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Illinois — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenview
STREET ADDRESS (If rural, give location): 1414 Greenwood Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) R. (Last) WHITAKER

4. DATE OF DEATH: (Month) August (Day) 12, (Year) 1950 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 22, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months 10, Days 20. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (retired) General Manager of North Shore Health Resort

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Paul, Minn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown Whitaker

14. MOTHER'S MAIDEN NAME: Mary Dorington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Alice M. Whitaker, Manor Club Estates, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) Generalized carcinomatosis with malnutrition — 4 yrs.

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of the colon

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 7, 1946 in Evanston, Illinois

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1950, to Aug. 12, 1950, that I last saw the deceased alive on Aug. 12, 1950, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emil G. Bauerfeind M.D. Bethesda, Md. 8/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug. 14, 1950

NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery

LOCATION (City, town, or county) (State): Northbrook, Cook Co., Illinois

DATE REC'D BY LOCAL REG. 8-16-1950

REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR ADDRESS: Warner C. Humphreys, 8434 Ga. Ave., Silver Spring, Md.

From F. Potter Silver Spring

15687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08377

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 3 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1500 Q Street, NW

3. NAME OF DECEASED (Type or Print): (First) Donald; (Middle) Douglas; (Last) WHITE

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 2, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 08 Days 24; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel WHITE

14. MOTHER'S MAIDEN NAME: Annie WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. - - - - - - -

17. INFORMANT AND ADDRESS: Mother: Annie MINOR, 807 Howard Rd., SE, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1 Immediate cause (a) Calcific aortic stenosis with myocardial failure — Interval between onset and death: Undetermined

92a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 1 wk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1950, to Aug. 26, 1950, that I last saw the deceased alive on Aug. 26, 1950, and that death occurred at 4:25 P m., from the causes and on the date stated above.

SIGNATURE R. J. Mc Carthy (Degree or title) LTJG, MC, USN ADDRESS U.S. NAVAL HOSPITAL DATE SIGNED August 27, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Aug 31, 1950; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Aug. 27, 1950; REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: W. E. Jarvis Funeral Home, 1432 U Street, NW, Washington, D.C.

D. Ernest Jarvis Co. (M.C.L.)

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AUG 29 1950
BUREAU T. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08378

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 E. Leland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 414 E. Leland

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) S. (Last) WHITEFORD

4. DATE OF DEATH (Month) Aug. (Day) 20, (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 23July1872

9. AGE last birthday 78 yrs. If under 1 year Months 1 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Whiteford, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac N. Scarborough

14. MOTHER'S MAIDEN NAME Susan J. Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs E. Burton Corning 414 E. Leland St. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442x	Immediate cause	(a) Acute Congestive Heart Failure	48 hrs
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	10 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1950, to Aug. 20, 1950, that I last saw the deceased alive on Aug. 18, 1950, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE Sidney C. Cousins (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 8-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 23 Aug. 1950

NAME OF CEMETERY OR CREMATORY Slateville

LOCATION (City, town, or county) (State) Whiteford, Maryland

DATE REC'D BY LOCAL REG. 8-22-50

REGISTRAR'S SIGNATURE Helen Kurvack

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
AUG 25 1980
BUREAU

08379

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

M

I

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 9017 - Woodland Dr.

3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) Louise (Last) Wollett

4. DATE OF DEATH (Month) (Day) (Year) Aug. 14. 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 11-19-1869
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Washington D C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Pumphrey
14. MOTHER'S MAIDEN NAME Lavinia Childress

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs H. W. Payne.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Cerebral Vascular Accident	3 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 14, 1950, to Aug 14, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 11:01 A.m., from the causes and on the date stated above.

SIGNATURE Paul Haak M.D. (Degree or title) 8801 ADDRESS Colesville Road Silver Spring, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-17-50
NAME OF CEMETERY OR CREMATORY Congressional Cem
LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REG. 8/14/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. Wm Lee Sons Co ADDRESS Washington DC

RECEIVED
AUG 16 1950
BUREAU V. S

08380

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9107 Woodland Drive	STREET ADDRESS (If rural give location): 9107 Woodland Drive

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HENRY (Last) WOODING				4. DATE OF DEATH (Month) Aug (Day) 19, (Year) 1950	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Nov 10, 1899	9. AGE last birthday: 50 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Division manager	10b. KIND OF BUSINESS OR INDUSTRY: Cities Service Oil	11. BIRTHPLACE (State or foreign country): Co. Danville, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Garland Stone Wooding		14. MOTHER'S MAIDEN NAME: Annie Cabell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. W. H. Wooding " Wife "			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion. Myocardial Infarction — 2 hours

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Arterial Hypertension (Arteriosclerosis — 8 years

(c) Coronary Occlusion Myocardial Infarction — in Feb '49

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 19, 1947, to Aug. 19, 1950, that I last saw the deceased alive on Aug. 19, 1950, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B Wheeler	M.D.	1150 Conn. Ave. Washington DC	Aug 20 '50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF: Aug 22/50	NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem.	LOCATION (City, town, or county) (State): Bladensburg, Md.
DATE REC'D BY LOCAL REG.: Aug 22/50	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: Joseph Gawler's Sons	ADDRESS: 1756 Pa. Ave N.W. Washington, D. C.

156 7V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 25 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08643

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 1217 Clement Place

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Lynn (Last) WOODRUFF

4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 27, 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months 01 Days 00; If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I II

16. SOCIAL SECURITY NO. - - - - - -

17. INFORMANT AND ADDRESS: Wife: Edna D. WOODRUFF

18. MEDICAL CERTIFICATION: Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193x

Immediate cause (a) Glioblastoma Multiforme — Interval Between Onset and Death: 2 mos.

54a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1950, to Aug. 27, 1950, that I last saw the deceased alive on Aug. 27, 1950, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. C. MC NERNEY, CDR, MC, USN U.S. NAVAL HOSPITAL August 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 31, 1950 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug. 28, 1950 | REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: Julian W. Hillard ADDRESS: S. H. HINES, 2901 14th Street, NW, Washington, D.C.

RECEIVED
AUG 29 1950
BUREAU V. S